

No. 2
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5-17-39
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FILLED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18206

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 73

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Oak Hill Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 yr. 5 mo. 28 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. 613 2nd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Larry Wayne Ronemous

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 12:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 1, 1941, to May 29, 1941,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex male

5. Color of race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Dec. 1 - 1939
(Month) (Day) (Year)

Immediate cause of death Acute Lymphatic Leukemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

1 5 28 hr. min.

9. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Carl J. Ronemous

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Harrison

15. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl J. Ronemous

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof May 31 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) May 31 - 41 (b) Bertie Bentley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. S. Johnson M.D. (M. D. or other) _____

Address Warrensburg, Mo. Date signed May 31, 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

R. Q. Phillips
working under my personal supervision.

Registered Apprentice No.

Signed *R. Q. Phillips*
Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.