

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. Maxey

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28091
Registrar's No. 223

Registration District No. 213

Primary Registration District No. 2014

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
320 East Ashley Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026
(c) City or town Jefferson City, Missouri 4
(If outside city or town limits, write "RURAL")
(d) Street No. 320 East Ashley Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME Barbara Katherine Renner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Wolcott, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John S. Renner

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Jehanna Burkel

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Jordan

(b) Address Jefferson City Mo

17. (a) Burial (b) Date thereof Aug-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation High View Cemetery

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-5-41 (b) Dr. B. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 25, 1941, to Aug 5, 1941, that I last saw her alive on Aug 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor

Due to Chronic heart disease 6 yrs

Due to Central insufficiency

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

Major findings: Of operations 101

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Harvey ... (M. D. or other) Dr. B. J. ...
Address 626 Jefferson Date signed 8-5-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Joseph Y. Gordon*
Licensed Embalmer No. *1286*
P. O. Address *Jefferson City Mo*

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

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