

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41624

State File No. _____

JAN 13 1942

Registration District No. 204

Primary Registration District No. 2013

Registrar's No. 42

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CLINTON
(c) City or town CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No. West Cornhill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____ 19____ to None 19____;
that I last saw him alive on None 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Immediate

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) g+a

Major findings:
Of operations None
Of autopsy None

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

3. (a) PRINT FULL NAME ISAAC RENBERGER
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Coru 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-31-1869
(Month) (Day) (Year)

8. AGE: Years 12 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Lynn Co Kans
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Isaac Renberger

13. Birthplace Marion Co. Ind
(City, town, or county) (State or foreign country)

14. Maiden name Martha Adams

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

16. (a) Informant James H. Renberger

(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation McDaniel Cem Cameron Mo.

18. (a) Signature of funeral director W Moore
(b) Address Cameron Mo

19. (a) Dec 14 1941 (b) D. K. Hickey
(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) (a) Means of injury 3

23. Signature W. G. Shelding (M. D. of Cameron)
Address Plattsburg Mo Date Dec 11-41

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.