

Form No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42679

JAN 16 1942

State File No. _____

Registration District No. 620

Primary Registration District No. 5896

Registrar's No. 378-6

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Heath Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nelson Mo. RFD # 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. Nelson, Mo. RFD # 2.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard C. Rennison

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1941 hour 5 minute 15 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Rennison 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. 11 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24 1941 to Dec 20 1941; that I last saw him alive on Dec 20 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 3 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic interstitial nephritis
Due to Arteriosclerosis 2 weeks

9. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations 131a
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Rennison
13. Birthplace Unknown
14. Maiden name Catherine Jenkins
15. Birthplace Unknown

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

16. (a) Informant Carl Rennison

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? _____

(b) Address Nelson, Mo. RFD # 2.

17. (a) Burial (b) Date thereof 12/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Chapel

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 12/26/41 (b) Ma Anna Berger
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1
23. Signature John M. G. Fisher (M. D. or other) 20
Address Longwood Date signed 12/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

0
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-14-45

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.....

Geo Dillard

Licensed Embalmer No..... 3868

P. O. Address..... Sedalia, Mo.

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.