

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:  
Mulberry Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community, years, months or days)

8. (a) PRINT FULL NAME Luther Rennolds

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

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

6. (b) Name of husband or wife Betty Rennolds 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 7 1885  
(Month) (Day) (Year)

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

56	X	24	hr. _____ min.
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9. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Thomas Rennolds

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

14. Maiden name Elizabeth Ann Meredith

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

16. (a) Informant Mrs. Betty Rennolds

(b) Address Dexter, Mo.

17. (a) Removal (b) Date thereof 1-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunnell, Mo.

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 1-2-42 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. Mulberry Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2  
year 1942 hour 11 minute 0 P.M.

21. I hereby certify that I attended the deceased from Dec. 26 - 1941, to Jan 1 - 1942  
that I last saw him alive on Jan 1 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Angina Pectoris

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 94 P  
(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations \_\_\_\_\_

Of autopsy ✓

Duration \_\_\_\_\_

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) no

(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 \_\_\_\_\_

23. Signature S. J. Hawn (M. D. or other) MD

Address Dexter Mo Date signed 1/2/42

RECEIVED

District Health Office No. 2,

District File Number 2-42-203

Date Filed 2-11-42

**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. 3479

P. O. Address Dept. 111

**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, above space should be left blank.**