

FILED MAR 11 1942
Registration District No. 605

Primary Registration District No. 4359

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

1. PLACE OF DEATH:
(a) County New MADRID
(b) City or town RURAL (Within 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)
In this community _____
years, months or days

3. (a) PRINT FULL NAME LACOB. W. RENNIER
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept. 12 1950
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____
MOTHER FATHER { 12. Name JOHN. A. RENNIER
13. Birthplace ALSACE LORRAINE (City, town, or county) (State or foreign country)
14. Maiden name HELEN FRIETMAN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MARY HANN
(b) Address CANALOU, MO

17. (a) REMOVAL (b) Date thereof 1-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OBLONG, ILL

18. (a) Signature of funeral director H. J. Welsh
(b) Address Sikeston, MO

19. (a) 3/2/42 (b) Wm. B. Rademaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County New MADRID
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 25
year 1942 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from Nov 25
1941 to Jan 25 1942
that I last saw him alive on Jan 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
heart disease
Due to arterio sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 930
Of operations _____
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 M. Hann (M. D. or other) M. D.
Address Workhouses, Mo. Date signed 1-27-42

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 *Raymond Crews*

Licensed Embalmer No. *3467*

P. O. Address *Siberton, 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, above space should be left blank.