

FILED AUG 17 1942

State File No.

Registration District No. 275

Primary Registration District No. 7411

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community 81-0-23

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

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

3. (a) PRINT FULL NAME Anna Belle Renner

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 24th
year 1942 hour 8:55 minute 30 A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John N. Renner

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 1 - 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-14, 1942, to 7-24, 1942
that I last saw her alive on 7-24, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 0 Days 23
If less than one day hr. min.

Immediate cause of death Myocardial failure Duration —

9. Birthplace Mar Bowling Green Mo
(City, town, or county) (State or foreign country)

Due to

Due to

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) 93e

11. Industry or business

Major findings: Of operations

12. Name Judson B. Harrelson

Of autopsy

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

14. Maiden name Susan Motley

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

16. (a) Informant Etta J. Motley

(b) Address Bowling Green

17. (a) Burial (b) Date thereof July 26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director W. B. E. Moore

(b) Address Bowling Green

19. (a) July 30/42 (b) Mrs Frank Lingo
(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) (e) Means of injury 2 Do

23. Signature Allen P. Culey (M. D. or other) Do
Address Bowling Green, Mo. Date signed 7-24-42

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

82
1
0

1148

RECEIVED

District Health Officer No. 10

District File Number 8-42-~~0000~~-1623

Date Filed AUG 13 1942

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

H. B. E. Moore

Licensed Embalmer No.

3466

P. O. Address

Bowling Green

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.