

S. No. 2
M-1-4-41
v. 5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27066

Registration District No. 101

Primary Registration District No. 5413

Registrar's No. 44

34
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Douglas
(b) City or town. Ava Walls, Mo.
(c) Name of hospital or institution. 1
(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. Missouri (b) County. Douglas 34
(c) City or town. Ava Rural 8
(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 0

3. (a) PRINT FULL NAME Alta Rennaker

3. (b) If veteran, name war. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife. Perry Rennaker 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. July 6 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Wesley Johnson

13. Birthplace K.V. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Call

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

16. (a) Informant Zelda Rennaker

(b) Address Ava Mo. 5th St.

17. (a) Burial (b) Date thereof May 19, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director. Clinkingheard Funeral

(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Shelma S. Waters (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 29 1942 to May 18 1942 that I last saw her alive on May 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration of illness 1 week

940

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?

(Specify type of place) (e) Means of injury

23. Signature P.M. Norman M.D. or other

Address Ava Mo Date signed 5/19/42

1085

(Licensed Embalmer's Statement on Reverse Side)

The familys request was that the body not be embalmed.

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.....

W.B. Hutchinson

Licensed Embalmer No.....

3431

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.