S. No. 2
M—9-4-41
v. 5-17-39
I X294B4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29542

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3472

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1304 Bellefontaine 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Vallie Rennau
3. (b) If veteran, name war XX
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Nicholas C. Rennau
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased August (Month) 5 (Day) 1875 (Year)

8. AGE: Years 67 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Morgan County (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John McClanahan
13. Birthplace Versailles (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Nancy Anthony
15. Birthplace Kansas City (City, town, or county) Mo. D (State or foreign country)
16. (a) Informant Frank J. Rennau
(b) Address 4104 E. 60th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Floral Hills Cemetery
18. (a) Signature of funeral director J. N. Wagner
(b) Address Kansas City, Mo.
19. (a) 9/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1942 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from 7/30/, 1942 to 9/20/, 1942 that I last saw h. alive on 9/20/42, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver Stomach and Gallbladder	1 yr.
Due to Generalized Trination	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. G. Stephens (M. D. or other) M.D.
Address 252 Werby Bldg. Date signed 9/21/42

(Licensed Embalmer's Statement on Reverse Side)

Mesby Bq
ME 4415

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City Missouri

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.