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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34696

Registration District No. 316 Primary Registration District No. 6069 Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Iron Mountain *(w/)*

(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 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Iron Mountain (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 _____

3. (a) PRINT FULL NAME Donald Allen Rennie

3. (b) If veteran, name war no

3. (c) Social Security none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 15 1941

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>2</u>	<u>25</u>	hr. _____ min.

9. Birthplace Iron Mountain Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Charles W. Rennie

13. Birthplace Graniteville Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Vilva Anderson

15. Birthplace Pilot Knob Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Rennie

(b) Address Iron Mountain Missouri

17. (a) burial (b) Date thereof 10-12-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Iron Mountain Missouri

19. (a) 10-23-42 (b) Byrdia Buhrmester

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1942 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 094

(b) Date of occurrence October 10, 1942

(c) Where did injury occur? Iron Mountain, St. Francois

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work At play (Specify type of place) (e) Means of injury Drowning

23. Signature Paul G. Johnson Acting Coroner (M. D. or other)

Address Bismarck, Missouri Date signed 10-10-42

1196

RECEIVED

District Health Officer No. 3

District File Number 1142-1328

Date Filed 11-6-42

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. 3012

P. O. Address Boston Mass

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.

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

STANDARD CERTIFICATE OF DEATH

State File No. 34696
Registrar's No. 10-

Registration District No. 316

Primary Registration District No. 6269

1. PLACE OF DEATH:

(a) County St. Francois

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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

3. (a) PRINT FULL NAME Donald Allen Rennie

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I observed him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to accidental drowning in 12 gallon jar

Due to falling in while playing

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) Accident

(b) Date of occurrence October 10, 1942

(c) Where did injury occur? Iron Mtn., St. Francois, Mo.
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
At home on a farm.

While at work? At play (Specify type of place) (a) Means of injury Drowning

23. Signature Paul G. Johnson (M. D. or other) _____
Address Farmington, Mo. Date signed _____

SUPPLEMENTARY

183/36

1942

S-34696