

FILED JAN 21 1943 54  
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Registration District No. 149

Primary Registration District No. 5575  
1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8312 Wyoming  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town 8312 Wyoming  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8312 Wyoming (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Helen C. Baldwin Renne

3. (b) If veteran, name war No 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 Mr. Harry E. Renne 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased February 9 1899  
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Daniel Baldwin

13. Birthplace Terre Haute Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bannister

15. Birthplace Clay County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry F. Renne

(b) Address 8312 Wyoming

17. (a) Burial (b) Date thereof Dec. 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Iowa

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-29-42 (b) Dr. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1942 hour 8:30 minute -- M.

21. I hereby certify that I attended the deceased from June 1942 to Dec 28 1942 that I last saw her alive on Dec 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary labor pneumonia Duration 2 wks

Due to Carotid artery

Due to 48 hr

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? --

While at work? -- (Specify type of place) (e) Means of injury --

23. Signature Dr. M. Brown (M. D. or other)

Address 3850 Project Date signed 12-28

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

MOTHER FATHER

JAN 27 1944

**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 *Ernest C. Stukler*  
Licensed Embalmer No. 4234  
P. O. Address H. C. 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, fact should be so stated above.**