S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5442

State File No. 711

FILED FEB 27 1943

Registration District No. 199 Primary Registration District No. 1002 Registrar's No.

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2 8
(If outside city or town limits, write "RURAL")

(d) Street No. 4307 Independence Avenue
(If rural, give location)

(e) Citizen of foreign country? No --- (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Mr. Ellis Rennison

3. (b) If veteran, name war No

3. (c) Social Security No. ~~702-14-9853~~ 702-14-9762

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Mrs. Mary E. Rennison

6. (c) Age of husband or wife if alive 432- years

7. Birth date of deceased October (Month) 26 (Day) 1904 (Year)

8. AGE: Years 38 Months 3 Days ~~12~~ 11 If less than one day hr. min.

9. Birthplace Pilot Grove (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Missouri Pacific R. R.

FATHER
12. Name Norman Rennison
13. Birthplace Pilot Grove (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ada Reed
15. Birthplace Livingston County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Ellis Eugene Rennison
(b) Address 4307 Independence Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-10-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb. 5, 1943, to Feb. 7, 1943; that I last saw him alive on Feb. 7, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Peritonitis	1 wk
Due to acute Suppuration appendicitis	1 wk
Due to 121.2	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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 J. E. Castle 0 (M. D. or other)
Address 1002 Argyle Bldg Date signed 2-9-43

(Licensed Embalmer's Statement on Reverse Side)

1002 Argyle Bldg
2-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.