

3. No. 2  
9-4-41  
5-17-39  
I X2948

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6643

State File No. ....

FILED MAR 4 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community Entire life  
years, months or days

3. (a) PRINT FULL NAME Frankie Lee Renard

3. (b) If veteran, name war. ....

3. (c) Social Security No. 490-20-1953

4. Sex Male

5. Color or White race

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

6. (b) Name of husband or wife. ....

6. (c) Age of husband or wife if alive. 6, 1923 years  
(Day) (Year)

7. Birth date of deceased. October 6, 1923  
(Month) (Day) (Year)

8. AGE: Years 19 Months 4 Days  
If less than one day hr. min.

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

10. Usual occupation Braeckel's Planing Mill

11. Industry or business Braeckel's Planing Mill

12. Name Lewis Renard

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

14. Maiden name Minnie Tombs Arkansas

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

16. (a) Informant Virginia Renard

(b) Address 1217 East Second Street

17. (a) Burial (b) Date thereof 2-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foest Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Street

19. (a) 2-9-43 (b) Autundo Sudholtz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1032 Main St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1943 hour 5 minute 05 P. M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: *Removal from middle of highway*  
*Slow on side of road*  
*when struck by automobile*  
*He was a pedestrian*

Due to: *1700-8*  
*21*

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

Major findings: Of operations. *1700-8*  
*21*

Of autopsy. ....

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

(a) Accident, suicide, or homicide (specify) *accident*

(b) Date of occurrence. *Feb. 5 43*

(c) Where did injury occur? *Joplin Jasper Mo.*  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
*on Main Street*  
(Specify type of place)

While at work? *Auto*  
Means of injury. *Auto*

23. Signature *Dr. Hebler* (M. D. or other) *3*  
Address *Carthage Mo* Date signed *Feb 8*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

U.S.

1204

(Licensed Embalmer's Statement on Reverse Side)

173

43-2-125

**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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.**