

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED MAY 1943

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 1950

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Woods ⁹⁹⁹

(c) City or town Jackson City ¹³
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 Lawrence ⁰
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME Charles Renner

3. (b) If veteran, name war no

3. (c) Social Security No. 920

4. Sex Male 5. Color of hair White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 3-2-1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>23</u>	_____ min.

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

10. Usual occupation laborer

11. Industry or business McDonnell Bldg.

MOTHER FATHER

12. Name Henry Renner

13. Birthplace Germany

14. Maiden name Charlotta Novak

15. Birthplace Germany

16. (a) Informant Mr. C. C. Cook

(b) Address 1908 Lawrence, J. C. M.

17. (a) Removal (b) Date thereof 4-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director John H. ...

(b) Address W. C. Kansas

19. (a) 4/25/43 (b) M. H. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 1:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Apr 22, 1943, to _____, 1943;
that I last saw him alive on Apr 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho-Pneumonia
Partial Obstructive Asthma

Due to Terminal Atherosclerosis

Due to 19.43

Other conditions (Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Partial Obstructive Asthma

Of operations obstruction

Of autopsy _____

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 E. Coates (M. D. or other) _____

Address 1002 Ogden Bldg Date signed 4-25-43

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

DEC 4 1952

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.....

George M. Malloy

Licensed Embalmer No. *2798*

P. O. Address *646 Hobart St., P. R.*

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.