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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 12 1943

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 76

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville

(c) Name of hospital or institution: St. Joseph's Hosp.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 10 months  
(Specify whether years, months or days)

In this community 10 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard 45

(c) City or town Glasgow 2  
(If outside city or town limits, write "RURAL") 0

(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 JENNIE RENNE

3. (b) If veteran, ✓ name war. ....

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1943 hour 3 minute 15 a M.

21. I hereby certify that I attended the deceased from July 28 1942 to June 4 1943  
that I last saw her alive on June 3 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Frank Renne 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: Jan 29 1865  
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia Duration 3 days

8. AGE: Years 78 Months 4 Days 6 If less than one day hr. min.

Due to 10 1/2

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

10. Usual occupation Housewife

Other conditions fracture of neck of femur, healed 11 mos

11. Industry or business

12. Name Edward Burdick

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Cecilia Mattingly

(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 6-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cem

18. (a) Signature of funeral director J. P. M. Corary

(b) Address Glasgow, Mo

19. (a) June 6-43 (b) Archas. Swap  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0

23. Signature E. L. Wilson (M. D. or other) M. D.

Address Boonville, Mo Date signed 6/5/43

1088

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

7-9-43

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

*K.P.M. Gray*

Licensed Embalmer No.

3153

P. O. Address

*Glasgow 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.