V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28846

Registration District No. 260 SEP 8 1943

Primary Registration District No. 4391

Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County OSAGE
(b) City or town ARGYLE Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County OSAGE
(c) City or town ARGYLE Washington Twp.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHRISTINE ELIZABETH. RENNKE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FE

5. Color or race WHITE

6. (a) ~~Single,~~ widowed, ~~married,~~ ~~divorced~~ 2

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

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

7. Birth date of deceased JULY (Month) 8 (Day) 1873 (Year)

8. AGE: Years 70 Months Days 22 If less than one day hr. min.

9. Birthplace RICH FOUNTAIN (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name HERMAN WINKEL
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name CHRISTINE LUECKE
15. Birthplace WESTPHALIA (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant ELIZABETH. RENNEKE
(b) Address ARGYLE, MO.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof Aug-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Argyle Cemetary

18. (a) Signature of funeral director H. H. Strop
(b) Address Meta Mo.

19. (a) July 31-1943 (Date received local registrar) (b) Antonia Klebba (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30TH. year 1943 hour 1 minute 25-A.M.

21. I hereby certify that I attended the deceased from July 28th, 1943 to July 30, 1943 that I last saw her alive on July 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE 2 DAYS

Due to HYPERTENSION.

Due to

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

23. Signature W. H. Moore ~~(M. D. or other)~~ DO
Address Argyle, Mo. Date signed July 30-43

(Licensed Embalmer's Statement on Reverse Side)

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 L. H. Strop

Licensed Embalmer No. 2924

P. O. Address Meta 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.