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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35464

State File No.

Registration District No. 273 Primary Registration District No. 5946 Registrar's No. 92

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Cinque Homme
(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 1 (Specify whether
In this community 81-8-0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 079
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Philip A. Renaud
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Febuary (Month) 19 (Day) 1862 (Year)

8. AGE: Years 81 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Louis Renaud
13. Birthplace (City, town, or county) 5 France (State or foreign country)
MOTHER
14. Maiden name Victoria Jermanche
15. Birthplace (City, town, or county) 5 France (State or foreign country)
16. (a) Informant Martin Renaud
(b) Address Highland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 10-21-43 (Date received local registrar) (b) H. B. Eddy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Oct 16, 1943, to Oct 19, 1943
that I last saw him alive on Oct 18, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	3 days
Due to: Hypertension	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a!

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 0
23. Signature O O Carron (M. D. or other)
Address Perryville Mo Date signed 10-21-43

(Licensed Embalmer's Statement on Reverse Side)

1304

ECEIVED

strict Health Officer No. 4

strict File Number 1143-2950

Date Filed 11-10-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.