

S. No. 2  
M-5-42  
7-5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2606

State File No. ....

FILED FEB 4 1944

Registration District No. ....

Primary Registration District No. 3017

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 DAYS (Specify whether  
In this community 60 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE (If outside city or town limits, write "RURAL")  
(d) Street No. 1016 EAST MORGAN ST. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS EMMA I. RENTSCHLER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife CHRISTIAN RENTSCHLER 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased JULY 29 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>8</u>	.....hr. ....min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business HOME

12. Name FREDERICK WILHELM SCHMITT

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

14. Maiden name HENRIETTA RODERMAKER

15. Birthplace COLOGNE GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant FAMILY BIBLE

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 8 - 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG  
(b) Address BOONVILLE, MO.

19. (a) JAN-8-44 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1944 hour 8:40 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 1-6-44, 1944

that I last saw h. ER. alive on 1-5-44, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Duration 3 weeks

Due to 56  
Due to \_\_\_\_\_

Other conditions Subcord uterus  
(Include pregnancy within 3 months of death)  
Polypsis of colon

Major findings: none performed  
Of operations \_\_\_\_\_

Of autopsy Above plus congenital absence of R.V. Kidney

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? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature William D. M.D. (M. D. or other) \_\_\_\_\_  
Address Boonville, mo Date signed 1/8/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-3-44

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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 James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Boonville, 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.