

FILED JUL 8 1944

Registration District No. **323**

Primary Registration District No. **4476091**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Saline**  
(b) City or town **Sweet Springs, Mo. Salt Pond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.F.D. 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Years**  
In this community **14 Years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline 97**  
(c) City or town **Sweet Springs**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. 3**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Lewis Renno**

3. (b) If veteran, name war **#** 3. (c) Social Security No. **#**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fannie Kabler** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Jan. 9 1881**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **25** If less than one day hr. min.

9. Birthplace **Nelson Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **William Renno**  
13. Birthplace **Saline Co. Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Debra Marlin**  
15. Birthplace **Saline Co. Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Loyd Norvell**  
(b) Address **Sweet Springs, Mo.**

17. (a) **Burial** (b) Date thereof **6/6/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Millers Chapel**

18. (a) Signature of funeral director **Walter Perry**

(b) Address **Millers Chapel**

19. (a) **June 6 44** (b) **Mrs. D. Hoffmann**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **4**  
year **1944** hour **1** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **1941**  
....., 19....., to **6-3**....., 19**44**

that I last saw him alive on **6-3**....., 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma** Duration **10 yrs**

Due to **urinary**

Due to

Other conditions **Hypertension. Sig. ather**  
(Include pregnancy within 3 months of death)

Major findings: **Myocardial Hypertrophy** PHYSICIAN

Of operations: **6/1**  
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?

(Specify type of place) (Specify type of place)

23. Signature **Chas R. Parsons** (M. D. or other) **MD**

Address **Sweet Springs** Date signed **6-6-44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-2-14

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.....

*J. Leola Surrency*

Licensed Embalmer No. 2235

P. O. Address.....

*Marshall, Md*

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.