

5. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30782

State File No.

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural Jefferson Township
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution RRA # 4 Jefferson City, Mo
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Rural Jefferson Township
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson City, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME ALBERT RENN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1944 hour 5 minute a. M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Wendy

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

7. Birth date of deceased December 3, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from X, 1944, to X, 1944; that I last saw him alive on X, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 5 Days 4 If less than one day hr. - min.

Immediate cause of death Wound. Suicide auto lane Duration 9

Due to Shot Gun Wound

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

Other conditions (Include pregnancy within 3 months of death)

Due to — — —

10. Usual occupation Farmed

11. Industry or business Self

MOTHER, FATHER {

12. Name Wendy RENN

13. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wendy Schippers

15. Birthplace Westphalia Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations X

Of autopsy X

PHYSICIAN 1640

Underline the cause to which death should be charged statistically.

16. (a) Informant Wendy RENN

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date there 9/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wendy RENN

(b) Address Jefferson City, Mo.

19. (a) 9-9-44 (b) Theresa Bechter
(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) Suicide

(b) Date of occurrence September 7-1944

(c) Where did injury occur? Rt. 10, Jefferson City, Cole Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant or public place? Home

While at work? no (Specify type of place) (e) Means of injury Gun Wound

23. Signature Foster L. H. Heath, act as coroner (M. D. or other)

Address Jefferson City, Mo. Date signed 9/7/44

898

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

SEP 27 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed..... 9-15-44

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.....

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.