

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St Joseph Hospital
(d) Length of stay: In hospital or institution 7 days
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2828 Cherry
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Luella Rensch
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18 year 1944 hour 5 minute 15 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Troy Rensch 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 27 1915

21. I hereby certify that I attended the deceased from Dec 1 1944 to Dec 18 1944
that I last saw her alive on Dec 18 and that death occurred on the date and hour stated above.
Immediate cause of death Bilateral hypostatic terminal pneumonia

8. AGE: Years 29 Months 7 Days 21 If less than one day

Due to Cerebral accident
Due to Hypertension

9. Birthplace Del Va
Usual occupation Housewife

Other conditions
Major findings: none
Of autopsy Autopsy

11. Industry or business
12. Name Owen Tilley
13. Birthplace Va
14. Maiden name Dave Carter
15. Birthplace Va

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

16. (a) Informant Troy Rensch
(b) Address 2828 - Cherry
17. (a) Burial (b) Date thereof Dec-21-44
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Mrs C K Foster
(b) Address 918 Brooklyn
19. (a) 12-20-44 (b) N.E. Brown

23. Signature John T. Skinner (M. D. or other) MD
Address 7107 Grand Ave. Date signed 12-22-44

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

MOTHER FATHER

56

X.C.M.

Handwritten notes and scribbles in the top right corner, including a large 'X' and some illegible text.

257010

J. J. ...

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 *E. H. Nix*

Licensed Embalmer No. *2570*

P. O. Address *100 ...*

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.