

FILED FEB 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1389

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 436

1. PLACE OF DEATH

(a) County Jackson City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1819 E 47th ST TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME ASHTON V. RENWICK

3. (b) If veteran, name war no 3. (c) Social Security No. 360-03-3434

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Renwick 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept. 29, 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Dixon Ill
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business fire insurance

12. Name John S. Renwick

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

14. Maiden name Anna Paul

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

16. (a) Informant Mrs. J. S. Renwick

(b) Address Harrisonville Mo.

17. (a) burial (b) Date thereof Jan 29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director Harrisonville Mo

(b) Address Harrisonville Mo

19. (a) 1-28-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 1 day 26 year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain

Due to Invasive Collapse Right Lung

Due to Hemorrhage Right Peri Renal Region

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 1-24-45-11:30 PM

(c) Where did injury occur? Highway 71-4 mi S of Belton - Cass Co - Mo

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

While at work? yes (Specify type of place) (e) Means of injury automobile

23. Signature James Walker (M. D. or other) Dr

Address 11424 poplar city Date signed 2-6-45

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

MOTHER FATHER

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

FEB 16 1945

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..... *Ernest Rumberger*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville A*

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.

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1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(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.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Ashton N. Renwick

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

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

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date, thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 1-27-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. MEDICAL CERTIFICATION

20. DATE OF DEATH Month 1 day 26
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him alive on..... and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration

Due to.....
Due to.....

Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

*170 C-8
2-28-45
Only 1 car was involved
The writer believes he went to sleep but that is just my guess as no one saw the accident
Ernest P. Renwick
funeral director*

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

MOTHER FATHER

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