. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27299

State File No.

FILED AUG 20 1945

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Presnell Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemisco 178

(c) City or town Bragg City Rural 1 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hellen Darrel Rannenberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem 1

5. Color or race W

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

6. (b) Name of husband or wife Cris Rannenberg

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March (Month) 28 (Day) 1918 (Year)

8. AGE: Years 27 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Shirley (City, town or county) Ark 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. D. Campbell
13. Birthplace Shirley (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Florence Shipp
15. Birthplace (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant W. D. Campbell

(b) Address Bragg City Rural 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lentz Mrd Co

(b) Address Kennett Mo

19. (a) 7-1-45 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

401

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 year 1945 hour 9 minute 45a M.

21. I hereby certify that I attended the deceased from 6-8, 1945 to 6-22, 1945 that I last saw her alive on 6-22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus with generalized metatasis	
Due to (diagnosised at Barnes Hospital-- St. Louis, Mo)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 48 hr	

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 S. R. Presnell (M. D. or other) M D

Address Kennett Mo Date signed 6-25-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 845-1639
Date Filed 8-8-45

JUL 29 1949

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 Walter A Hawkins
Licensed Embalmer No. 2002
P. O. Address Kennett 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.