DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Stone 33112

State File No.

Registration District No. 82 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 15 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County COOPER 27

(c) City or town BOONVILLE Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 111 E MORGAN 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHARLES RENISON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife JANE JOBE RENISON

6. (c) Age of ~~husband~~ or wife if alive 72 years

7. Birth date of deceased JAN-1-1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace SALINE COUNTY MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOTEL KEEPER

11. Industry or business

FATHER
12. Name JACK T. RENISON 4
13. Birthplace UNKOWN
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE JENKINS
15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS CHARLES RENISON

(b) Address BOONVILLE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22-1946 (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEM

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville Mo

19. (a) 11-15-46 (Date received local registrar) (b) D E Keeper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1946 hour 2.15 minute A M.

21. I hereby certify that I attended the deceased from Apl 18, 1946, to July 21, 1946 that I last saw him alive on July 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death carcinomatosis about	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations none

Of autopsy none

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 0

23. Signature W. E. Stone (M. D. or other)

Address Boonville, Mo Date signed 7-23-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-9-46

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 H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bonville
(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)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Renison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 1 (Month) (Day) 67 (Year)

8. AGE: Years 75 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) 11-15-46 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 year 1946 hour minute M.

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

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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

31940

33112