

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33977

State File No.

Registration District No. 167

Primary Registration District No. 42565608

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. North of Holden, Missouri 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME MARY ELIZABETH RENICK

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Joseph G. Renick 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased October 23, 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 14 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Henry Allen Smith 1

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

14. Maiden name America Ryan

15. Birthplace Oak Grove, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Renick

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof October 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackwater Cemetery

18. (c) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Oct 31, 1946 Mary Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1946 hour 6:25 minute A M.

21. I hereby certify that I attended the deceased from March 12
1943 to Oct 7 1946
that I last saw her alive on Oct 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of stomach
and duodenum

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:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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?

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

23. Signature Jeanette Holmberg (M. D. or other) DO.
Address Holden, Mo. Date signed 10-11-46

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

3280

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..... *Samuel B. Pope*

Licensed Embalmer No. *4044*

P. O. Address..... *Holden, 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.