

FILED DEC 31 1946

Registration District No. 128

Primary Registration District No. 4474

Registrar's No. 83

1. PLACE OF DEATH:

(a) County SALINE
 (b) City or town SWEET SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
306 W. MAIN ST
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 64 yrs.
years, months or days)

3. (a) PRINT FULL NAME HERMAN RENKEN

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

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

6. (b) Name of husband or wife EMILIE RENKEN 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased DEC. 30, 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 12 If less than one day hr. 11 min.

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

10. Usual occupation MERCHANT

11. Industry or business FURNITURE

12. Name CLAUS RENKEN

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

14. Maiden name NOT KNOWN

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

16. (a) Informant HILDA RENKEN

(b) Address SWEET SPRINGS, Mo.

17. (a) BURIAL (b) Date thereof 12/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CEMETRY

18. (a) Signature of funeral director R. C. CARTER

(b) Address SWEET SPRINGS, Mo.

19. (a) 12/20/46 (b) Dolly Andrews
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SALINE
 (c) City or town SWEET SPRINGS
(If outside city or town limits, write "RURAL")
 (d) Street No. 306 W. MAIN ST
(If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18th
 year 1946 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-2-46
 to 12-14-46

that I last saw him alive on 12-14-46
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
of Branch

Due to.....

Due to.....

Other conditions 46E
(Include pregnancy within 3 months of death)

Major findings:
 Of operations ✓

Of autopsy ✓

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 W. G. Hammond
(Physician or other)

Address Lawrence, Mo. Date signed 12-19-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Officer No. 8, APR 20 1948

District File Number

Date Filed

12-28-46

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..... *[Handwritten Signature]*

Licensed Embalmer No. 3373

P. O. Address..... *[Handwritten Address]*

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

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

