

**FILED JAN 30 1947**  
18

Registration District No. \_\_\_\_\_

Primary Registration District No. **5037**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County **Audrain**  
(b) City or town **Rual Saltriver**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.F.D. #4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **60 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**  
(c) City or town **Rual**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. #4, Mexico, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Renkin**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Lena Renkin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 5 1888**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **6** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Harm Aswegen**  
(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 15, 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Earl E. Prentiss**  
(b) Address **Mexico, Mo.**

19. (a) **1/15/47** (b) **Blanch Neely**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **12**  
year **1947** hour **1** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Oct**, 19**46**, to **Jan 12**, 19**47**;  
that I last saw him alive on **Jan 5**, 19**47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Degenerative Myocarditis with Coronal infarct**  
Due to **Generalized arteriosclerosis**  
Due to **Senility**

Duration

**5 yrs.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **g3?**  
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) **no**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **road**  
(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 **D**

23. Signature **Harry F. Osburn** (M. D. or other)  
Address **Mexico Mo** Date signed **1-15-47**

RECEIVED  
District Health Officer No. 10  
District File Number 47196  
Date Filed - JAN. 28, 1947

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.....

.....**Earl E. Procht**....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Earl E. Procht*.....

Licensed Embalmer No. **3189**.....

P. O. Address.....**Mexico, 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.**