. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1947

Registration District No. 323

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36767

Primary Registration District No. 4474

Registrar's No. 28

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: 20 Blackwater St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: LIFE

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.: S. BLACKWATER ST. 30
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARTIN 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: MARRIED
6. (b) Name of husband or wife: LIZZIE C. RENKEN
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: FEB. (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 | Months 8 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Cole Camp. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: MILLER
11. Industry or business: Flour Mill
MOTHER FATHER
12. Name: John RENKEN
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
14. Maiden name: ANNA GRUMKEN
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Lizzie Renken
(b) Address: Sweet Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 29 47 (Month) (Day) (Year)
(c) Place: burial or cremation: FAIRVIEW CEMETERY
18. (a) Signature of funeral director: R. C. CARTER
(b) Address: SWEET SPRINGS, Mo.
19. (a) 10/27/47 (Date received local registrar) (b) Dolley Andrew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1947 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from February, 1947 to Death, 19..; that I last saw him alive on October 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: Arteriosclerotic heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Joseph P. Doyle M.D. (M. D. or other)
Address: Sweet Springs Date signed: 27 Oct 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 11-5-47

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 R C Carter

Licensed Embalmer No. 3513

P. O. Address Lost Springs, 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.