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K37823

FILED DEC 9 1948

Registration District No. **19**

Primary Registration District No. **4028**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Barton**

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

(c) Name of hospital or institution:
City 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **70 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

(c) City or town **Liberal**
(If outside city or town limits, write "RURAL")

(d) Street No. **City**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Minnie Grace Renner**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22**
year **1948** hour **3** minute **0** A.M.

21. I hereby certify that I attended the deceased from **11/21**
1948 to **11/22** **1948**
that I last saw **her** alive on **11/21** **1948**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**

6. (a) ~~Single~~, widowed, married, divorced **2**

6. (b) Name of husband or wife **William Renner**

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

7. Birth date of deceased **January 11 1869**
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**

Duration _____

8. AGE: Years Months Days If less than one day

79 10 11 hr. min.

Due to **Hypertension**

Due to **0**

Other conditions **0**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **House Keeper**

11. Industry or business **own home**

12. Name **Theodore Butler G**

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 **William Renner**

(b) Address **Liberal, Mo.**

17. (a) **Burial** (b) Date thereof **11 23 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Santha Mo.**

18. (c) Signature of funeral director **J.M. Berber**

(b) Address **Mulberry, Kans.**

19. (a) **Nov 27 48** (b) **Whitehead**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations **0**

Of autopsy **0**

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) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **A. G. Eddlemon** (M. D. or other)
Address **Liberal, Mo.** Date signed **11/24/48**

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

MOTHER FATHER

RECEIVED

District File No. 6,

District File No. 1248-1353

Date Filed 12-8-48

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.M. Berkeley

Licensed Embalmer No. 2336

P. O. Address Mulberry Texas

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.