

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1400  
12

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> / <input checked="" type="checkbox"/>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>58 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> / <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4224 Mercier,</u> /				d. STREET ADDRESS (If rural, give location) <u>4224 Mercier</u>				
3. NAME OF DECEASED (Type or Print) <u>Theresa</u>			a. (First)	b. (Middle)	c. (Last) <u>Renner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1949</u>		
5. SEX <u>Fe</u> /	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> /		8. DATE OF BIRTH <u>Nov. 6, 1866</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Hummel</u>			13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Michael Renner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Michael Renner, 4224 Mercier, K.C. Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic gastritis deformans</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>4 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>U</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>9-15-48</u> , 19 <u>48</u> , to <u>1-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-28</u> , 19 <u>48</u> , and that death occurred at <u>8:00</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. W. Hallberg</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>231. W. 47th</u>		23c. DATE SIGNED <u>1-3-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-3-49</u>		REGISTRAR'S SIGNATURE <u>Aladdin Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u>		ADDRESS <u>K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

9.45 P.M. to 4:30 P.M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Alvin R. Haunschild

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.