

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20902

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. A318 Registrar's No. 19

2630

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

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vienna, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vienna, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>46 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Renkemeyer</b> c. (Last) <b>Renkemeyer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22, 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 17, 1863</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Joseph Renkemeyer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hagenhoff</b>		14. NAME OF HUSBAND OR WIFE <b>Christina Renkemeyer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Christina Renkemeyer, Vienna, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		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.		<b>163x</b>	

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)	
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 1/20/40 1949, to 6/22/50, 1950, that I last saw the deceased alive on 6/22/50 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>D.C. Howard</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Vienna, Missouri</b>		23c. DATE SIGNED <b>6/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 26, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Visitation</b>	
DATE REC'D BY LOCAL REG. <b>6-27-50</b>		REGISTRAR'S SIGNATURE <b>Pauline Howard</b>		24d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>	
		25. SIGNATURE OF DIRECTOR <b>W.C. ...</b>		ADDRESS <b>Vienna, Mo.</b>	

RECEIVED JUL 5 1950  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Signed .....  
Student Embalmer

Signed *M. B. Cunningham*  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. *3664*

P. O. Address *Cenosa 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.