

26887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 125 53

FILED SEP 11 1942
Primary Registration District No. 3009 3010

Registrar's No. 228

1. PLACE OF DEATH

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Southeast Mo Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community Entire Life 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM CARL FREDERICK RENNE

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, widowed

6. (b) Name of husband or wife Elizabeth Kester 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb 20 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

9. Birthplace near Millersville Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Henry Renne

13. Birthplace Paris France 5
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blanks

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joe C. Renne

(b) Address Gordonville, Mo

17. (a) Burial (b) Date thereof Aug 5 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gordonville Cemetery

18. (a) Signature of funeral director J. Miller

(b) Address Jackson Mo

19. (a) 8-4-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau 16

(c) City or town Gordonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 3 day 3 year 1942 hour 7:11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 5 - 1942 to Aug 3 - 1942 that I last saw him alive on Aug 1 3 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Heart Failure

Due to.....

Other conditions None 97
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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?.....

While at work?..... (e) Means of injury.....

23. Signature J. H. Jackson (M. D. or other) J. H. Jackson
Address Jackson Mo Date signed 8-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39
U. S. G. P. 1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4

District File Number 942-1162

Date Filed 9-9-73

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.....

Gene C. Cracraft....., Registered Apprentice No. 300

working under my personal supervision.

Signed *Rymaw Steen*.....

Licensed Embalmer No. 2476

P. O. Address *Jackson Ms*

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, above space should be left blank.