

JAN 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43799
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede Registration District No. 449
(b) Township Polk Ave Primary Registration District No. 4267
(c) City Lebanon (d) Street No. Polk Ave St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 6516 Rebecca Ann Brenner
(a) Residence, No. Polk Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Brenner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1899
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 9 29
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede, Mo.
FATHER 13. NAME John Bussick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
MOTHER 15. MAIDEN NAME Mary Sylvia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) Mrs Otis Rhoden Lebanon, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Mo DATE Dec. 22, 1939
19. FUNERAL DIRECTOR (ADDRESS) Palmers Lebanon, Mo
20. FILED 12-17-39 Jam. Carb Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Dec 21, 1939
I last saw him alive on Dec 21, 1939. Death is said to have occurred on the date stated above, at 2:20 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 7/2/39
23
Other contributory causes of importance: myocardial infarction
Name of operation none Date of _____
What test confirmed diagnosis? positive Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O. Bohren M. D.
(Address) Lebanon Mo.

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.

Date filed 1-10-48

STATEMENT BY LICENSED EMBALMER

I, W. B. Bahner, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. B. Bahner

Licensed Embalmer No. 1161

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.)