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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2857

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1816 Patchen Ave 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion

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

(d) Street No. 1816 Patchen (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Jacob Renner

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 Mary Jane 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec. (Month) 28. (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
91	–	27	..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Frederick Renner
13. Birthplace – – – – – (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Patsy Mabey
15. Birthplace – (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant George Alexander

(b) Address 1816 Patchen ave Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26. 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Concord Mo

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) Jan. 26. 1942 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1942 hour ..... minute 7:20 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1942 to Jan 24 1942; that I last saw him alive on Jan 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intercapsular fracture of left hip	5 days
Due to — senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....

(b) Date of occurrence 119

(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? ..... (Specify type of place)

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

23. Signature H. B. Stortons (M. D. or other) 0

Address Hannibal Mo Date signed 2/24/42

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address: Hannibal, 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.

S. No. 2B
—8-21-41
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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2857

Registration District No. 547 Primary Registration District No. 3029 Registrar's No.

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jacob Renner
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Dec (Month) 28 (Day) 1850 (Year)

8. AGE: Years 91 Months — Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Fall at his home on 1/20/42	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 186a
Of autopsy 16

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)
(b) Date of occurrence
(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? His Home (Specify type of place)
While at work? No (e) Means of injury fell
23. Signature H B Norton (M. D. or other)
Address Hannibal Mo Date signed 2/3/42

SUPPLEMENTARY