

FILED JUN 22 1942

State File No.

Registration District No. 73

Primary Registration District No. 3006-517

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural E. 1, Hallsville, Mo.
(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 20 Years (Specify whether
in this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Hallsville, Mo. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Rocky Fork Township
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD HEZEKIAH RENIE

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 Married

6. (b) Name of husband or wife Bonnie Belle Renie 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 18 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Audrain County (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Joseph Renie

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

14. Maiden name Lyla M. Griffith (City, town, or county) (State or foreign country)

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

16. (a) Informant L.E. Renie

(b) Address Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-17-42 (Date received local registrar) (b) Edna H. Pearce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from April 22 1942 to May 15 1942
that I last saw him alive on April 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Heart

Due to 15312
Due to

Other conditions arteriosclerosis
(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? (Specify type of place) (e) Means of injury

23. Signature W. Kampschull (M. D. or other) /

Address Columbia, Mo Date signed

Duration 3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10
6
0

10
3
1
0

1250

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

W. N. Whitcomb

Licensed Embalmer No. *2893*

P. O. Address *Columbia*

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.