. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26602

State File No.

Registration District No. 13 Primary Registration District No. 5058 Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett (Rural) Barry
(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
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Monett (Rural) 0
(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 0

3. (a) PRINT FULL NAME Anthony Marion Renkoski
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, / divorced Married
6. (b) Name of husband or wife Mary Agnes
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June 13 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	30	hr. min.

9. Birthplace (City, town, or county) Poland 4 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Andrew Renkoski
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Susan Renkoski
(b) Address Monett Mo.R.R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sts. Peter & Pauls Cem.
18. (a) Signature of funeral director [signature]
(b) Address Pierce City Mo.
19. (a) 8-14-1942 (Date received local registrar) (b) Mrs. Geo. Harman Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1942 hour 1 minute 45 A M.
21. I hereby certify that I attended the deceased from July 2, 1941, to Aug. 12, 1942;
that I last saw him alive on Aug. 11, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	2 M.
Due to Hypertrophy of Prostate	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 Na

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? (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 Charles S. Moore (M. D. or other) DO.
Address Pierce City, Mo. Date signed 8/12/42

1910

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1311
Date Filed SEP 8 1942

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

me Registered Apprentice No.

working under my personal supervision.

Signed Walter O. Niemeyer

Licensed Embalmer No. 38212

P. O. Address Pierce City 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.