

FILED OCT 23 1942

Registration District No. _____

Primary Registration District No. 4124

Registrar's No. 37

23
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Clark

(b) City or town Kahoka, 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 _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Kahoka 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Stannia J. Renner

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th
year 1942 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 1
1941 to Oct 5 1942
that I last saw him alive on 10-5 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jos. Gratz 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: August 15 1870
(Month) (Day) (Year)

Immediate cause of death
The Stomach

Duration _____

8. AGE: Years 72 Months 1 Days 10
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Alois Renner

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

14. Maiden name Spabelle Simpson

15. Birthplace Wheeling W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Alois Renner
(b) Address Alexandria Mo.

17. (a) Burial (b) Date thereof 10. 7. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick Mo.

18. (a) Signature of funeral director Fred J. Karle
(b) Address Kahoka Mo.

19. (a) 10-10-42 (b) Perry S. Barton
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place)

(e) Means of injury ✓

23. Signature [Signature] (M. D. or other) _____
Address Kahoka Mo. Date signed 10-6-42

OCT 16 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-1920

Date Filed OCT 12 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.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Fred J. Kule

Licensed Embalmer No. 1023

P. O. Address.....

Kahota 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.