

S. No. 2
M-5-42
7. 5-17-39
X32873

39916

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4456

1. PLACE OF DEATH:
Jackson
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether
 In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3221 East 6th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Ollie May Rennison
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

20. DATE OF DEATH: Month November day 28th
 year 1942 hour 4 minute 45 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife if alive Mr. Harrison Rennison
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased: February 23 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 13
 1942, to Nov. 28 1942
 that I last saw her alive on Nov. 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion Duration _____

8. AGE: Years Months Days If less than one day
53 9 5 hr. min.

Due to Arteriosclerosis 2 days

9. Birthplace Near Sedalia Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy Above finding

11. Industry or business _____
 12. Name Thomas A. Moore
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ollie Cunningham
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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) (e) Means of injury

16. (a) Informant Mr. Harrison Rennison
 (b) Address 3221 East 6th Street
 17. (a) Burial (b) Date thereof Dec. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery
 18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 12-1-42 (b) M. M. Brome
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Above finding

23. Signature [Signature] (M. D. or other)
 Address 1409 W. Washburn Pkwy. Date signed 11/28/42

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

48
10/18

83 f

1408 Waldheim Bldg
1:30.5:15

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 Emile M. Colbourn

Licensed Embalmer No. 3506

P. O. Address Kemo

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.