

allman 17423

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 586

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 minutes
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 516 North 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY A. RENSCH

3. (b) If veteran, name war none
3. (c) Social Security No. 491-09-3758

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Letitia Rensch
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. 11 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 14 hr. min.

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

10. Usual occupation Sec. of Musicians Union

11. Industry or business

12. Name Henry A. Rensch
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Hattie Powers
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry A. Rensch

(b) Address St. Joseph, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof 5/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo. cemetery

18. (a) Signature of funeral director: Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 5/27/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1941 to May 25 1943
that I last saw him alive on May 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to Coronary Disease
Duration 30 min 6 hrs

Other conditions: (Include pregnancy within 3 months of death) 94a

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
(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: J. M. Allman (M. D. or other)
Address: 516 North 7th St. Joseph, Mo. signed 5/26/43

125 (Licensed Embalmer's Statement on Reverse Side)

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

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

James A. Moles

Licensed Embalmer No.

3296

P. O. Address

St Joseph 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.