

FILED AUG 11 1943

149

Primary Registration District No. 1002

Registrar's No. 3336

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

1. PLACE OF DEATH:
 (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:
General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Hours
(Specify whether years, months or days)
 In this community Do not Know

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 721 East 8th St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Russell Renick
 3. (b) If veteran, name was Do not Know
 3. (c) Social Security Do not Know

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1943 hour 9 minute 55 p.m.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
Deputy Coroner
 What I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Do not Know
 6. (b) Name of husband or wife Do not Know 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ 1878
(Month) (Day) (Year)

Immediate cause of death
Acute Pulmonary Edema
Heart Stroke
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: 65 Years Months Days If less than one day, _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy See Above
 1911
 99

9. Birthplace Do not Know 9
(City, town, or county) (State or foreign country)
 10. Usual occupation Do not Know
 11. Industry or business _____
 12. Name Do not Know 9
 13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
 14. Maiden name Do not Know
 15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Cononer Office
 (b) Address Kansas City Mo.
 17. (a) Removal (b) Date thereof July 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Colombus Kansas
 18. (a) Signature of funeral director Passantino Bros.
 (b) Address Kansas City Mo.
 19. (a) 7-31-43 (b) T. E. Brown
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____ 12.3
 (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? _____ (c) Means of injury _____
 23. Signature T. E. Brown (M. D. or other) _____
 Address 25th St Date signed _____

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

SEP 24 1948

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... *Park H. Rowe*

Licensed Embalmer No. *2347*

P. O. Address *H. C. 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.