

FILED JUL 19 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3040

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 St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Hours (Specify whether years, months or days)  
In this community 41 Years

3. (a) PRINT FULL NAME Mr. Herman Renken

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Anna Renken 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased January 29 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day 40 hr. min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker-Board of Education

11. Industry or business Retired - 2 Years

12. Name Claus Renken

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

14. Maiden name Unknown

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

16. (a) Informant Katharina Renken

(b) Address 3604 Flora Ave

17. (a) Burial (b) Date thereof July 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director D. V. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-10-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 3804 Flora Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th  
year 1943 hour 11 minute P P.M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_, 19\_\_\_\_, to July 8, 1943  
that I last saw him alive on July 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 7 1/2 / 43

Due to Chronic interstitial nephritis 1940

Due to \_\_\_\_\_

Other condition Malignant hypertension 1940  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
131a

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. E. Patton (M. D. or other) \_\_\_\_\_  
Address 110 Crawford City Date signed 7/9/43

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

MOTHER FATHER

613 Professional Bldg  
12-5-

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**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..... *A. C. Newcomer Jr*  
Licensed Embalmer No..... *4043*  
P. O. Address..... *A. C. Newcomer*

**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.**