

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24886

AUG 7 1943

Registration District No. 411

Primary Registration District No. 4183

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pacific
(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 _____)
In this community 30 years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME JULIANA RENZ

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Renz Sr. 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased Aug. 20-1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	10	17	hr. _____ min. _____
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9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Romanian

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

14. Maiden name unknow

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

16. (a) Informant's own signature Andrus

(b) Address Pacific Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 7-10-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director Dr. L. H. Hedges

(b) Address Pacific Mo.

19. (a) 7/10/43 (Date received local registrar) (b) Stanley C. Fletcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Pacific Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 3:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Accidental death by being struck by an east bound Mo-Pacific train

Due to _____

Due to Crushed Head, Chest, legs

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

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 7, 1943

(c) Where did injury occur Pacific Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Railroad Crossing
While at work? No (Specify type of place) (e) Means of injury struck by train

23. Signature Gerald L. Altman (Physician or other) _____
Address Gerald, Mo. Date signed 7-8-43

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.....

Geo. L. Hughes

Licensed Embalmer No.....

3008

P. O. Address.....

Pacific 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, above space should be left blank.