

FILED JAN 6 1944

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 163

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
318 SIXTH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED: 27
(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE 2
(If outside city or town limits, write "RURAL")
(d) Street No. 318 SIXTH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS MARY FRANCIS RENNISON
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 20th
year 1943 hour 8:30 minute 8 A.M.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN RENNISON
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased FEBRUARY 27 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 19 1943 to Dec 20 1943
that I last saw her alive on Nov. ? 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 9 23 hr. _____ min.

Immediate cause of death Cerebral Vascular accident.
Due to arteriosclerosis. 10 min
year

9. Birthplace MONITEAU COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) gza

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____
Of autopsy _____

11. Industry or business HOME

12. Name THOMAS HALEY

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

14. Maiden name ELIZABETH BENSON

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

16. (a) Informant MRS W. E. YARNELL

(b) Address BOONVILLE, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 22-1943
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Dec 20-43 (Date received local registrar) (b) Dr. Chas. Swep (Registrar's signature)

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 Geo. W. Blankenship M.D.
Address Boonville mo. Date signed 12-20-43

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

RECEIVED

Health Officer No. 8.

1-5-44

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.....

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.