V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27218

FILED SEP 14 1944

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 191

10
2
4

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: University Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 23 days
In this community

2. USUAL RESIDENCE OF DECEASED: 14
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton (If outside city or town limits write "RURAL") Rural 2
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: RENNER, JOHN HERMAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Renner
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Feb (Month) 5 (Day) 1871 (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day hr. min.

9. Birthplace: Union (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Arnold Renner
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sophie Brunes
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Johnnie Renner
(b) Address: 405 E 1st Fulton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fulton, Mo
18. (a) Signature of funeral director: Glen G. Maupin
(b) Address: 712 Court St. Fulton, Mo.
19. (a) Aug 18th 44 (Date received by local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1944 hour 4 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 18, 1944 to Aug 10, 1944 that I last saw him alive on Aug 9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to:	
Due to:	
Other conditions: Carcinoma of Prostate (Include pregnancy within 3 months of death)	
Major findings: Of operations: Prostatic obstruction carcinoma	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. McClure Spring (M. D. or other)
Address: 805 Broadway Date signed: Aug 10

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer. No. 9

District File Number _____

Date Filed 9-13-44

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 Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton 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.