

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32586

State File No. _____

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Tarkio
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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) one month

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook 999

(c) City or town Chicago 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2810 Wilcox 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME JOHN STEWART RENWICK

3. (b) If veteran, name war: --

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1946 hour 2 minute 10 p. M.

21. I hereby certify that I attended the deceased from Oct 10 - 1946
to Oct 10 - 1946

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sara Margaret Renwick 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November 26 1885
(Month) (Day) (Year)

that I last saw him alive on Oct-10- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

Due to Pulmonary Tuberculosis app. 20 yrs.

Due to _____

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Broker

Other conditions (include pregnancy within 2 months of death)

Major findings: Of operations 13B

Of autopsy _____

11. Industry or business _____

12. Name Robert Renwick

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

14. Maiden name Allison Stewart

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

PHYSICIAN

Underline the cause to which death should be ascribed statistically.

16. (a) Informant Mrs. J. S. Renwick

(b) Address 2810 Wilcox Chicago, Ill.

17. (a) burial (b) Date thereof 10/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

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? _____

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) 10-11-46 (b) Mrs. H. O. Cunningham
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury D

23. Signature M. E. Redford (M.D. or other) D.O.

Address 707 main st Date signed Oct 11 46

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

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DISTRICT HEALTH OFFICE
DISTRICT HEALTH OFFICE
Cameron, Mo.

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. M. Davis

Licensed Embalmer No. 2394

P. O. Address. Tarkio, 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.