

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26430
3256

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 North Wheeling</u>			e. STREET ADDRESS (If rural, give location) <u>209 North Wheeling</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u>		b. (Middle) <u>RHODA</u>	c. (Last) <u>RENNISON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-29-1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 10-1866</u>	9. AGE (in years last birthday) <u>88</u>	10. UNDER 1 YEAR <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Cty. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm R. Waincott</u>		13. MOTHER'S MAIDEN NAME <u>Sarah Rickman</u>		14. NAME OF HUSBAND OR WIFE <u>Chas Thomas Rennison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Hammond 209 N. Wheeling</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chromosomal Effusion</u>	II. OTHER SIGNIFICANT CONDITIONS			<u>7 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Chromosomal Myocarditis</u>		<u>when</u>
		DUE TO (c) <u>Coronary Sclerosis</u>		<u>'</u>
		<u>Generalized Atherosclerosis</u>		<u>'</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950, to 7-29, 1955, that I last saw the deceased alive on 7-22, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Kienberger MD</u> (Degree or title)	23b. ADDRESS <u>5246 S. 10th</u>	23c. DATE SIGNED <u>7-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>	DATE REC'D BY LOCAL REG. <u>7-30-55</u>	REGISTRAR'S SIGNATURE <u>Neve Minshall</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman 1001 N. K.C. Mo</u>		

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

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.C. Reine*.....

Licensed Embalmer No. *487*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.