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.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6198
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No. 56
(b) Township Wayne 1 Primary Registration District No. 3728 Registered No. 11
(c) City Halls (d) Street No. Route # 1, Halls Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa E. Reno 500
(a) Residence, No. Route # 1, Halls, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Alfonso Reno

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oskaloosa
(STATE OR COUNTRY) Iowa

FATHER
13. NAME Lewis F. Bonnett 1
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa 1

MOTHER
15. MAIDEN NAME Catharine Adams
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

17. INFORMANT Alfonso Reno
(ADDRESS) Route # 1, Halls, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem. DATE Feb. 18, 1938

19. FUNERAL DIRECTOR Clark Mortuary
(ADDRESS) St. Joseph, Mo.

20. FILED Feb. 18, 1938 B. H. Tadlock M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937 to Feby 15, 1938
I last saw h e alive on Feby 15, 1938 Death is said to have occurred on the date stated above, at 5-45 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Liver — Date of onset 1937
46 -

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) A. R. Jamieson, M. D.
(Address) St Joseph Mo. 86

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earle A Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earle A Clark

L. E.

No. 3476 or by , Registered Apprentice No.

working under my personal supervision.

Signed Earle A Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)