

No. 2
4-13-40
5-17-39
I X23159

MAR 11 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6319

State File No. _____

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **194**

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3104 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 17 years
years, months or days

3. (a) PRINT FULL NAME HATTIE FLORENCE RENO

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Rev. F.P. Reno

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Aug. 24th. 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace Ray Center Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

MOTHER FATHER { 12. Name Alexander Sherwood

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

14. Maiden name Josephine Youngs

15. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.J. Beagle

(b) Address 3104 Penn St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2-17th-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 2/16/41 (b) H.J. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3124 Lafayette ? 7
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th.
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Feb 14 1941
that I last saw her alive on Feb 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast with lung metastasis

Due to _____

Due to _____ 50

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

Major findings: _____

Of operations _____

Of autopsy no

Duration (P)

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? no

23. Signature H. Charles (M. D. or other) D.M.D.
While at work? _____ (Specify type of place) _____
(c) Means of injury _____

Address 3016 85th Bldg Date signed 2-15-41

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

FEB 4 1948

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 _____

Carl W. Kaus

Licensed Embalmer No. _____

3955

P. O. Address _____

St. Joseph, 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.