

FILED JAN 11 1943

Registration District No. 77

Primary Registration District No. 5358

Registrar's No. 39

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Collax Township Rural
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME Harold Warren Reno
 3. (b) If veteran, name war none
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 1 years
 7. Birth date of deceased Oct 19 23
 (Month) (Day) (Year)

8. AGE: Years 19 Months 2 Days 0
 If less than one day hr. min.

9. Birthplace Civil Bend Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
 12. Name Nathan Reno
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Miss Hazel Powell
 15. Birthplace Kans
 (City, town, or county) (State or foreign country)

16. (a) Informant Hurley Nathan Reno
 (b) Address attemont Mo.

17. (a) Burial (b) Date thereof 12-9-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend

18. (a) Signature of funeral director Mrs. Kaleshoup
 (b) Address W. H. Stover

19. (a) 12-15-42 (b) L. O. Pichesson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
 (c) City or town Collax Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
 year 1942 hour 12 noon minute M.
 21. I hereby certify that I attended the deceased from did not see before death
see before death by 12-1-42 to 12-1-42
 that I last saw him alive on Dec-1- 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Shot gun wounds penetrating skull

Due to.....

Due to 154

Other conditions (Include pregnancy within 3 months of death) 31

Major findings: Of operations
 Of autopsy

Duration
 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) accidental 031

(b) Date of occurrence Dec 1-1942

(c) Where did injury occur? Daviess - Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON public road NEAR FARMHOUSE

While at work? yes (Specify type of place) (e) Means of injury Shotgun

23. Signature F. B. Bailey Daviess Co. (M. D. or other) DO
 Address Jamestown Mo Date signed 12-15-42

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1180

P. O. Address Cameron 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.