

FILED JAN 5 1944
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
705 Corby Street,
(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)

In this community 41 years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

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

(d) Street No. 705 Corby Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Minnie Leona 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 Jess L. Reno, 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 22, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>10</u>	<u>26</u>	hr. _____ min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER { 12. Name Jacob J. Bear

{ 13. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Minnie May Oder,

{ 15. Birthplace Saint Joseph, Missouri, 11
(City, town, or county) (State or foreign country)

16. (a) Informant Jess L. Reno,

(b) Address 705 Corby Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery
(Specify type of place)

18. (a) Signature of funeral director H. F. Mundy

(b) Address 319 So. 10th Street, Home

19. (a) 12/20/43 (Date received local registrar) (b) Arle Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from on Dec 20, 1943, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 1 day

Due to Woman died suddenly while asleep in her bed at her home, without previous illness or disability.

Other conditions at her home, without
(Include pregnancy within 3 months of death)

Findings: disability

Of operations _____

Of autopsy No

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).....

(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?

23. Signature H. F. Mundy (M. D. or other) Coroner

Address 404 So 3rd St Joseph Mo Date signed 12/20/43

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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 *Frank A. Drummey*

Licensed Embalmer No. *1710*

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.