

No. 2
8-43
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. **30440**

Registration District No. **98** Primary Registration District No. **5359** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Daviess**
 (b) City or town **Rural Marion Twp**
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether)
 In this community **Lifetime**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Daviess 31**
 (c) City or town **Rural Marion Twp 0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mary E. Reno

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **F /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sidney G. Reno** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Mar 16 1863**
 (Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **20** If less than one day
 hr. _____ min. **Mo 0**

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Issac McCulley**

13. Birthplace **Daviess Co, Mo**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Frost**
 (City, town, or county) (State or foreign country)

15. Birthplace **Daviess Co, Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sidney G. Reno**
 (b) Address **Santarosa, Mo**

17. (a) **Burial** (b) Date thereof **8/9/45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muddy**

18. (a) Signature of funeral director **E. Stromer**

(b) Address **Pattonsburg, Mo**

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **8**
 year **45** hour **3** minute **A. M.**

21. I hereby certify that I attended the deceased from **7/3/43**
 _____, 19____, to **9/7/45**, 19____
 that I last saw her alive on **8/18**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Senility** Duration _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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?

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

23. Signature **Fred J. Wilcox** (M. D. or other) **MD**

Address **W. Main, Mo** Date signed **8/9/45**

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

1559

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..... *G. L. Bremer*
Licensed Embalmer No..... 2857
P. O. Address..... Pattonsburg, 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.

Dr. Bremer

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 604

Registration District No. 98

Primary Registration District No. 5359

Registrar's No.

1. PLACE OF DEATH:

(a) County Dawson
(b) City or town Rural Marion Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 14
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Mary E. Reno
3. (b) If veteran, name war 0 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 16 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 0 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-10-45 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

MOTHER FATHER

30440-