

FILED APR 8 1947

Registration District No. 42

Primary Registration District No. 5128

Registrar's No. 429

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural, Lake Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Halls, Mo.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Elmer Reno

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July 18, 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 0 If less than one day hr. min. 0

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

10. Usual occupation Farmer

11. Industry or business Aaron G. Reno

12. Name Aaron G. Reno
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Melissa Pettit
15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Reno

(b) Address Halls, Mo.

17. (a) Burial (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) 3-28-47 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 17 1947, to March 18 1947
that I last saw him alive on March 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days
Due to Bronchial Asthma 3 yrs

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 2

23. Signature H. M. Jenkins (M.D. or other) D.O.

Address Defall, Mo. Date signed 3/24/47

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

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

Victor J. Barry

Licensed Embalmer No. *4212*

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.