

No. 27
12-45
7-39
X47070

Registration District No. 360

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
Anderson Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Washington Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Rena Adeline Poland

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug 31 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Adair Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business

12. Name Major Addison Logan

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

14. Maiden name Jane Childers

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

16. (a) Informant L. Poland

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Feb. 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Kays Funeral Service

(b) Address Nevada, Mo.

19. (a) 2-14-48 (b) Nathyn Harvey
(Date received local registrar) (Registrar's signature) 221

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1948 hour 1:00 minute 10
21. I hereby certify that I attended the deceased from 14 July
1947 to Feb 3 1948
that I last saw her alive on Dec 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Crown
Cardiovascular-renal
disease.

Due to _____
Due to _____
Other condition Fracture Femur Left
(Include pregnancy within 3 months of death) 7 mo

Major findings:
Of operations none
Of autopsy none 131A

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? 0

23. Signature Collet May (M. D. or other) MD
Address Nevada Mo Date signed 2-10-48

Duration
2 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-48-123

Date Filed 2-25-48

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 Allen J. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.