

No. 309  
-10-47  
5-17-39  
P I 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39733**

FILED JAN 3 1949

Registration District No. 78

Primary Registration District No. 5366

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County DAVIESS  
(b) City or town CIVIL BEND *Marion Corp*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 80 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Joseph M. Reno

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

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

6. (b) Name of husband or wife Martha C. Reno, decd. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 18 1868  
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Daviness County Mo. 7  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Christopher Reno /

13. Birthplace Louisville Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen FitzFarrell Reno

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

16. (a) Informant Bertie Brown

(b) Address Civil Bend, Mo.

17. (a) Burial (b) Date thereof 12-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Civil Bend Cemetery

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

(b) Address Pattonsburg, Mo

19. (a) 21 Dec. 1948 (b) Reginald M. Englehart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9  
year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 13  
1948 to Dec 9 1948;  
that I last saw him alive on Nov 26 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 weeks

Due to Hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Fred Wilson (M. D. or other)

Address Winston Mo Date signed 12-10-48

---

---

**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 Robert V. Dunham

Licensed Embalmer No. 4582

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.**