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JUL 18 1941

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Collins Hospital State Cancer Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one hour (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe

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

(d) Street No. R. F. D. (If rural, give location) 1

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ELMER CURTIS RENO

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

4. Sex M 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 May 14 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas Parker Dudley Reno

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

14. Maiden name Elizabeth Catherine Jones

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

16. (a) Informant J. R. Turner, D.O.

(b) Address Madison, Mo.

17. (a) Burial (b) Date thereof 6-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday Cems

18. (a) Signature of funeral director Fred A. Thompson

(b) Address 7 Madison Mo.

19. (a) 6/25/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 26 1941 to June 26 1941; that I last saw him alive on June 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to Hypertension

Due to 92F

Other conditions Benign prostatic hypertrophy 10%
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy cardiac hypertrophy
Benign prostatic hypertrophy

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

23. Signature Regina M. Bricker (M. D. or other) Paul
Address St. Louis State Comm Date signed 6-25-41

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

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 *Frank A. Ziegler*
Licensed Embalmer No. *1420*
P. O. Address *Madison, 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.