

FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30097

Registration District No. 139

Primary Registration District No. 3028

Registrar's No. 210

49
1
3

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 W. Eldorado St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 307 W. Eldorado 3
(If rural, give location)
(e) Citizen of foreign country? no 0
-- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDRICK ARTHUR RENO

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

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 25 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 24 hr. min.

9. Birthplace Jasper County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired teamster

11. Industry or business at home

12. Name Louis P. Reno

13. Birthplace unknown Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Atchley

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

16. (a) Informant James E. Reno

(b) Address 1004 S. McGregor, Carthage, Mo

17. (a) burial (b) Date thereof Sept 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 9-21-1948 (b) R. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 19
year 1948 hour 6 minute 00 p.m.

21. I hereby certify that I attended the deceased from 9-19-48
19 to 9-19-48
that I last saw him alive on 9-19-48
and that death occurred on the date and hour stated above.

Immediate cause of death Neuralgia of
7th cut.
Duration _____

Due to 10 yrs Echinococcus
of 4 minutes
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 59B

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 _____
Signature _____ (M. D. or other)
Address _____ Date signed 9-25-48

28-9-799

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 H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.