

FILED JUL 22 1941
837

Registration District No. **837** Primary Registration District No. **45-10**

300
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Stoddard**
 (b) City or town **Essex**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Stoddard**
 (c) City or town **Essex**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Joseph O'Regan**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **702-16-0134**

20. DATE OF DEATH: Month **April** day **27**
 year **1941** hour **4** minute **30** P.M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Maude O'Regan**
 6. (c) Age of husband or wife if alive **51** years
 7. Birth date of deceased **Sept. 14 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1940** to **April 27 1941**
 that I last saw him alive on **April 27 1941**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 **7** **13** _____ hr. _____ min.

Immediate cause of death
Cerebral embolism
At side heart failure
 Due to **Chr. myocarditis**

9. Birthplace **Peveley Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Section Foreman**

Other conditions **None**
(Include pregnancy within 3 months of death)

11. Industry or business **Railroad**
 12. Name **John O'Regan**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

14. Maiden name **Unknown**
 15. Birthplace _____
(City, town, or county) (State or foreign country)
 16. (a) Informant **Mrs. Maude O'Regan**
 (b) Address **Essex, Mo.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **4/29/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Essex, Mo.**

(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?
754
(Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director **Blankenship-Strickland**
 (b) Address **Dexter, Mo.**
 19. (a) **4-28-41** (b) **J. R. ...**
(Date received local registrar) (Registrar's signature)

23. Signature **Geo. J. Schaefer** (M. D. or other) **O**
 Address **Peveley** Date signed **4/28/41**

RECEIVED

District Health Officer No. 2,

District File Number 241-975

Date Filed 7/18/41

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.....

Licensed Embalmer No. 23479

P. O. Address..... Wright, W. Va.

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.