

FILLED OCT 27 1941

Registration District No. 207

Primary Registration District No. 3296

Registrar's No. 29-30

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural Concord town
(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 70 yrs.
years, months or days

3. (a) PRINT FULL NAME Rose Aloysius Reardon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Reardon

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb 22 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>27</u>	hr. min.

9. Birthplace Nelaud. 4
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Hugh Mellen

13. Birthplace Nelaud. 4
(City, town, or county) (State or foreign country)

14. Maiden name Rose McHenry

15. Birthplace Nelaud. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Reardon

(b) Address Plattsburg mo.

17. (a) Burial (b) Date thereof Sept 22 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Plattsburg mo

18. (a) Signature of funeral director O'Brien, Byron

(b) Address Plattsburg mo

19. (a) Sept 20 41 (b) Emil C. Chatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Rural Concord town
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 25
1941 to Sept 19 1941,
that I last saw her alive on Sept 19 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis 3 wks

Due to Insanition 2 yrs

Due to Gastritis 2 yrs

Other conditions Secondary Anemia 3 wks
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy None 932

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 0

23. Signature [Signature] (M. D. or other)

Address Plattsburg mo Date Sept 14 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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburgh, 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.