

FILED NOV 12 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 718

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
328 W. Brower 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 24 years  
years, months or days

3. (a) PRINT FULL NAMES JOHN WINSLOW PIERCE REAGAN

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

4. Sex Male 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 XX years (Day) (Year)

7. Birth date of deceased April 13 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mc Donough County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business and contractor

12. Name Thomas Reagan

13. Birthplace Bradley Co. Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Angela Robinson

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

16. (a) Informant Ellen Jane Reagan

(b) Address 328 W. Brower, Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director Fred C. Williams

(b) Address Springfield, Mo.

19. (a) 10-8-42 (b) J. W. Handy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 328 W. Brower  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7<sup>th</sup>  
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from May 12<sup>th</sup>, 1942 to Oct 9<sup>th</sup>, 1942  
that I last saw him alive on Oct 9<sup>th</sup>, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
following a chronic attack  
of muscular rheumatism

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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)  
(a) Means of injury \_\_\_\_\_

23. Signature E. N. Evans (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed Oct 10, 1942

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 *R. H. Lueme*

Licensed Embalmer No. 3681

P. O. Address Springfield, Ma.

**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.**