

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2800

Do not use this space.

FILED FEB 8 1943

**1. PLACE OF DEATH**

(a) County Mc Donnell Registration District No. 196  
 (b) Township Big River Primary Registration District No. 5716-4308 Registered No. 1  
 (c) City Nail (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. 1  
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 4 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Canteen at Camp Chamber  
 9. Industry or business in which work was done, as saw mill, bank, etc. Camp Chamber  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Samuel W. Reagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Missouri

MOTHER 15. MAIDEN NAME Nancy Manning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southwest City Missouri

17. INFORMANT (ADDRESS) Art Reagan Nail, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Nail DATE Jan 7 1943

19. FUNERAL DIRECTOR (ADDRESS) Pogue Funeral Home Wheaton Mo

20. FILED Jan - 9 1943 Miss M. George Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1943, to Jan 5 1943  
 I last saw him alive on Jan 5 1943. Death is said to have occurred on the date stated above, at 120 m.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Pathosis. Date of onset 1942

Other contributory causes of importance: Angina Pectoris Jan 1943

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. A. Learning, M. D.  
 (Address) Nail Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

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RECEIVED

District Health Officer No. 6;

District File Number 234-168

Date Filed FEB 7 1943

STATEMENT BY LICENSED EMBALMER

I, Wm Morris Pope, Licensed Embalmer No. 3442

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm Morris Pope

Licensed Embalmer No. 3442

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.)