

admitted - 2/24/43
13776

FILED MAY 13 1943
Registration District No. 1/2

Primary Registration District No. 1000

Registrar's No. 5-16

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2226 South 12th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 Years (Specify whether years, months or days)

In this community 68 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2226 South 12th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Patrick Reordan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Traynor Reordan

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

7. Birth date of deceased Sept 15 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 16
If less than one day hr. min.

9. Birthplace Winchester Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Foreman

11. Industry or business St. Joseph, Missouri

MOTHER FATHER { 12. Name Timothy Reordan

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

14. Maiden name Alice Higgins

15. Birthplace Limerick Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Reordan

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 3, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Siedel

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 5-3-43 (b) Oliver Hejz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 7 1943 to Apr. 28 1943 that I last saw him alive on Apr. 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arterio scl. gen.

Due to 1

Other conditions gla
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration Apr 7/43

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 0 (Specify type of place) (c) Means of injury 0

23. Signature Frank S. Sledge (M. D. or other) 1/1/43

Address 620 Douglas St. Joseph, Mo. Date signed 1/1/43

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.....

John H. Hurley

Licensed Embalmer No. 4050

P. O. Address. St. Joseph 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!