

FILED JUN 11 1943 2
Registration District No. 1266

Primary Registration District No. 5595

Registrar's No. 16

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs (Specify whether years, months or days)

In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County JEFFERSON

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

(d) Street No. NEAR SECKMAN
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN REAGAN

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10
year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from June 1940 to May 10 1943
that I last saw him alive on May 6 1943
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or face WHITE

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife: _____

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

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

Immediate cause of death Cor Myocarditis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 6 months of death) Semily

8. AGE: Years Months Days If less than one day
77 hr. _____ min.

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

10. Usual occupation UNKNOWN

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 93d

Of autopsy _____

16. (a) Informant Rev. E. H. Wilmer, Pres. of Chh.

(b) Address Burnhart, Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof MAY 12 1943 (Month) (Day) (Year)

(c) Place: burial or cremation BURBESS

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 W. H. Wick (M. D. or other)

Address Wimm's with M Date signed 5-11-43

18. (a) Signature of funeral director HEINIGTAG FUNERAL HOME

(b) Address KIMM SWICK MO RR 2

19. (a) 5/2/43 (Date received by local registrar)

(b) W. H. Wick (Registrar's signature)

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

No. 7
17-39
X32875

5600

17

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

NOT EMBALMED

Registered Apprentice No.:

working under my personal supervision.

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Kennamich MD*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural
(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)

3. (a) PRINT FULL NAME John Reagan

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clement 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/12/43 (b) C. Clement (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death Chr. myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER, FATHER

SUPPLEMENTAL

S-18186