

No. 2  
5-43  
17-39  
X36671

FILED FEB 10 1949  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 494

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

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

In this community 2 weeks

3. (a) PRINT FULL NAME Clara M. Reger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

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

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

7. Birth date of deceased Nov. 24, 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>2</u>	hr. <u>—</u> min. <u>—</u>

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER {

12. Name Jasper M. Baldrige

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

14. Maiden name Julia Sears

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

16. (a) Informant Mrs. J. E. Moberly

(b) Address 909 Bellefontaine

17. (a) Removal (b) Date thereof 1/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milan, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) Jan 26 1949 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26  
year 1944 hour 5 minute A. M. —

21. I hereby certify that I attended the deceased from Jan 26, 1944  
to Jan 26, 1944  
that I last saw her alive on Jan 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Cardiac tamponade  
Chronic myocarditis 2 yrs.  
Vascular thrombosis

Due to —

Due to —

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

Major findings: Of operations —

Of autopsy Stone

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)

(a) Means of injury —

23. Signature J. E. Brown (M. D. or other) —

Address 619 Euclid, Kansas City, Mo. Date signed 1-26-49

Dr. B. T. Anderson  
L. C. 710

APR 19 1955

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.....

*A. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*19. C. 710*

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.