

FILED MAY 9 1944

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Montgomery

(b) City or town: Rural Montgomery  
(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: 43 yrs  
(Specify whether years, months or days)

In this community: 43 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Montgomery

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

(d) Street No.: I 1/2 mile north  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs Josephine Reagan

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

3. (c) Social Security No.: .....

4. Sex: F

5. Color or race: W

6. (a) XXX Single, XXXX married  
divorced 2

6. (b) Name of husband or wife: John Reagan

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

7. Birth date of deceased: March 4th 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>		<u>29</u>	hr. .... min.

9. Birthplace: Liberty Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business: .....

12. Name: William Callahan

13. Birthplace: no 9  
(City, town, or county) (State or foreign country)

14. Maiden name: no

15. Birthplace: no 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mabel Schults

(b) Address: Montgomery City Mo

17. (a) Burial (b) Date thereof: 4-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Marys Cem

18. (a) Signature of funeral director: C. W. Hopkins

(b) Address: Montgomery City Mo

19. (a) April 7-44 (b) Mrs C. E. Vandave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3  
year 1944 hour 10 minute 15pm M.

21. I hereby certify that I attended the deceased from 4-1  
11 to 4-3 1944  
that I last saw him alive on 4-3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Hypertension

Due to: .....

Due to: .....

Other conditions: 8301  
(Include pregnancy within 3 months of death)

Major findings: Of operations: L

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: .....

Means of injury: .....

23. Signature: J. M. ... (M. D. or other) no  
Address: W. ... Date signed: 4-5-44

Duration  
4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-8-44

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 \_\_\_\_\_ on the 3<sup>rd</sup>  
of April 1944 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_ C. W. Hopkins

Licensed Embalmer No. \_\_\_\_\_ I487

P. O. Address \_\_\_\_\_ Montgomery City 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.