

No. 2  
-8-43  
-17-39  
X37823

FILED MAY 16 1945  
Registration District No. 176

Primary Registration District No. 5704

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

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Rural - Wheeling Twp.  
(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 1  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Wheeling Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MARY REGAN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas Regan 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Jan. 9, 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 16  
If less than one day ✓ hr. ✓ min.

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

10. Usual occupation at home

11. Industry or business ✓

12. Name Nicholas Hooley  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hooley  
15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Regan  
(b) Address Rt 5 - Chillicothe, Mo.  
17. (a) Burial (b) Date thereof 4/29/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lepolis Cemetery

18. (a) Signature of funeral director Donald F. Gordon  
(b) Address Chillicothe Mo  
19. (a) 4/27/45 (b) Ruth J. Norman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr. 22  
1945 to Apr. 25, 1945.  
that I last saw her alive on Apr. 22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 5 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 207  
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 L M Grace (M. D. or other)  
Address Chillicothe Mo Date signed 4/26/45

RECEIVED  
District Health Officer No. 17  
District File Number  
Date Filed

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 Ronald F. Gordon

Licensed Embalmer No. 491

P. O. Address Chillicothe, 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.