

FILED JUN 18 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **187**

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

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
In mine near Potatoes Plant at 1st + 2nd Sts  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community not known 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willard Reggett  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-14-2442

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Don't know  
(Month) (Day) (Year)

8. AGE: Years 26 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation not employed

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Henry Reggett 9  
 13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Eva Bridwell  
 15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Reggett  
 (b) Address Chaffee, Mo.

17. (a) Burial (b) Date thereof 5-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haymont Cemetery

18. (a) Signature of funeral director A. P. Hanson

(b) Address Cape Girardeau, Mo.

19. (a) 6-14-1947 (b) C. E. Surrance  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Scott 100  
 (c) City or town Chaffee 1  
(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 Do not know day \_\_\_\_\_  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Drowning (To all appearances)

Due to Body was found floating in Mississippi River opposite Mo. 211th power plant.  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 43  
 Of operations \_\_\_\_\_  
 Of autopsy no

Duration \_\_\_\_\_  
 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) Do not know 16

(b) Date of occurrence Do not know

(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? Do not know

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify means of injury)

23. Signature D. J. F. Sigmond Coroner 3

Address Jackson Mo. Date signed 5/2/47

RECEIVED

District Health Officer No. 4  
District File Number 647-818  
Date Filed 6-16-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**