S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1947
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 27895
Registrar's No. 3466

WRITE PLAINLY—USING 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: 4108 Pen n
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4719 Fairmount 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JUSTIN AA REGAN
3. (b) If veteran, name war World Warl
3. (c) Social Security No. 490-16-7444
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary Regan
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct 3 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	10	8	hr. min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Bernard Regan
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cecelia Regan
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Regan
(b) Address 4719 Fairmount
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Mark Ed Tabin
(b) Address 20 West Linwood
19. (a) 8-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day Aug
year 1947 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from 2, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Coronary Sclerosis
Due to 93 d
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings:
Of operations
Of autopsy See Above

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W E Usher M.D.
Address 3800 Main Date signed 8/11/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1941

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas 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.