

S. No. 2
DOM-2-43
ev. 5-17-39
I X35697

State File No. _____

FILED DEC 2 1947

Registration District No. _____

Primary Registration District No. 3038

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
203 N. Jefferson
(If not in hospital or institution, write street number or location)

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

In this community 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

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

(d) Street No. 203 N. Jefferson 2
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME DELIA W. REAGAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W. F. Reagan 6. (c) Age of husband or wife if alive 15 years 1864
(Day) (Year)

7. Birth date of deceased April 15 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Vichy Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Winston 7

13. Birthplace unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name unkn own

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Claud Davis

(b) Address Gassville, Ark.

17. (a) burial (b) Date thereof 11/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Palmer's

(b) address Lebanon, Mo.

19. (a) Nov. 23 1947 (b) Dis Frankberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 10
1947 to Nov 14, 1947
that I last saw her alive on Nov 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:
acute myocardial failure

Due to hypertension

Due to _____

Duration
2 months
unk.

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

Major findings:
Of operations _____

Of autopsy 102

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 0

23. Signature James L. Hope (M. D. or other) 11/18/47
Address Lebanon, Mo. Date signed 11/18/47

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

JUN 9 1948

Received 12/1/47
Health Unit
11-47-204
Date Filed 12/1/47

NOV 13 1947

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.....

Richard L. Palmer....., Registered Apprentice No. 84,
working under my personal supervision.

Signed S. R. Palmer.....

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.