

FILED MAR 26 1948

Registration District No. 381

Primary Registration District No. 4575-

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Millan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Simpson Hosp A  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 Hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan  
(c) City or town Millan  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME James Ronald Reger

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

4. Sex M 5. Color or race W 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 1 27 -48  
(Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name James Ross Reger  
13. Birthplace Harris Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen R. Hardell  
15. Birthplace Sullivan Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Reger  
(b) Address Harris - Mo

17. (a) Burial (b) Date thereof 1-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Beards Town Cem

18. (a) Signature of funeral director [Signature]  
(b) Address Millan Mo

19. (a) Feb. 9, 1948 (b) Mr. H. B. Harris  
(Date received local registrar) (Registrar's signature) 272

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28  
year 48 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 1-27  
1948, to 1-28, 1948  
that I last saw him alive on 1-28, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth Duration 27 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations [Signature]  
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 [Signature]

23. Signature [Signature] (M. D. or other) 20  
Address Millan Date signed 20-48

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

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-571  
Filed MAR 24 1948

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..... Dwight Schauer .....

Licensed Embalmer No. 2667

P. O. Address Waban, Mass

**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.**