

FILED APR 28 1948
Registration District No.

Primary Registration District No. 5115

Registrar's No. 30

1. PLACE OF DEATH:

(a) County BOLLINGER WHITEWATER TWP.

(b) City or town RURAL
(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 _____ (Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BOLLINGER 9

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

(d) Street No. NEAR PATTON
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BENJAMIN REAGAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 19 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from MARCH 25 1948 to MARCH 28 1948

that I last saw him alive on MARCH 25 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatitis

8. AGE: Years Months Days If less than one day

74 8 9 hr. min.

9. Birthplace BOLLINGER CO. MO. 6
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name JAMES G. REAGAN

13. Birthplace K TENN.
(City, town, or county) (State or foreign country)

14. Maiden name EMMITTA E. MATHEWS

15. Birthplace K TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant ROSA GRINDSTAFF

(b) Address SEDEGEWICKSVILLE, MO.

17. (a) BURIAL (b) Date thereof 3-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RHODES CHAPEL

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address WYTESVILLE, MO.

19. (a) Apr 20 48 (b) Minnie VanLueburg
(Date received local registrar) (Registrar's signature)

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) _____

(a) Means of injury _____

23. Signature Eduw. Crites (M. D. _____)

Address Sedgewickville, Mo. Date signed 3/30/48

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

RECEIVED

District Health Officer No. 4

District File Number 448-552

Date Filed 4-27-48

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 A. J. Baker
Licensed Embalmer No. 3573

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.