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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

27452

State File No.

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 258

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution: /
(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 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town River mines Mo
(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 Robert O. Reagan

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 widowed

6. (b) Name of husband or wife Clva Reagan

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

7. Birth date of deceased March (Month) 8 (Day) 1868 (Year)

8. AGE: Years 80 Months 4 Days 8 If less than one day hr. 0 min.

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

10. Usual occupation

11. Industry or business Retired

MOTHER FATHER

12. Name Henry Reagan

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

14. Maiden name Mary Butler

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

16. (a) Informant Gladys Butler

(b) Address Flat River, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Phillips Chapel

18. (a) Signature of funeral director Caldwell Bros

(b) Address Flat River Mo

19. (a) 8-11-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Aug. year 1948 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from June 9th, 1948, to Aug 9, 1948, that I last saw him alive on Aug 2nd, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis right popliteal artery
Myocarditis

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 B Larson (M. D.)

Address Flat River Mo Date 8/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-1041

Date Filed 8-17-48

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River

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.