THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1949

State File No. 31113

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Mississippi Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burdo Point Mo
c. LENGTH OF STAY (in this place) 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY Wayne Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wayne
d. STREET ADDRESS (If rural, give location) 449

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle)
c. (Last) Reggs

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 30 1854
9. AGE (In years last birthday) 95 — If under 1 year: Months 2, Days 10 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Wayne Co Ill
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Laura Reggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sex Reggs Sikeston Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Cardiovascular Disease — INTERVAL BETWEEN ONSset AND DEATH 5 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ — 44 yr

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertrophy prostate

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? — YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* July 6, 1949, *to* Aug. 29, 1949, *that I last saw the deceased alive on* Aug 28, 1949, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) **23b. ADDRESS** Cairo Ill **23c. DATE SIGNED** Aug 31 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 31-49
24c. NAME OF CEMETERY OR CREMATORY Browns Cemetery
24d. LOCATION (City, town, or county) Wayne Co (State) Ill

DATE REC'D BY LOCAL REG. Sept. 6-49
REGISTRAR'S SIGNATURE Mrs. John Bondurant 176
25. FUNERAL DIRECTOR'S SIGNATURE Frank A. Karcher
ADDRESS Cairo Ill

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 15 19A

District Health Office No. 2,

District File Number 944-[redacted]

Date Filed _____

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, [redacted] _____, Student Embalmer No. _____ working under my personal supervision.

Signed Frank A. Karcher

Signed _____
Student Embalmer

Licensed Embalmer No. 2103

P. O. Address Cairo Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.