

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10888
 Do not use this space.

REC'D APR 13 1939

1. PLACE OF DEATH 3

(a) County Greene 2 Registration District No. 318

(b) Township S. Campbell Primary Registration District No. #5440 Registered No. 219

(c) City Springfield (d) Street No. Medical Center for Federal Prisoners St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 0 yrs. 2 mos. 6 ds. (f) How long in U. S., if of foreign birth? 7 yrs. _____ mos. _____ ds.

2. PRINT FULL NAME REARDON, John

(a) Residence, No. _____ St. Detroit, Michigan
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5, 1902</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>36</u> | <u>✓ 36</u> | <u>3</u> | <u>7</u> | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Cook</u> | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>D. K.</u> | | 11. Total time (years) spent in this occupation <u>D. K.</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Detroit, Michigan</u> | | | | |
| FATHER | 13. NAME <u>John Reardon</u> / | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Detroit, Mich.</u> / | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary (Egan) Reardon</u> 5 | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u> | | | |
| 17. INFORMANT <u>Deceased</u> (ADDRESS) | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Detroit, Mich.</u> DATE <u>3-13-39</u> 19 | | | | |
| 19. FUNERAL DIRECTOR (NAME) <u>A. Lohmeyer Funeral Home</u> (ADDRESS) <u>Springfield, Missouri</u> | | | | |
| 20. FILE <u>Mar 13- 39</u> <u>Chas A. George</u> <u>740</u> <u>Local Registrar</u> (Address) <u>Clinical Director, MCFP, Springfield, Mo.</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, 19 to Mar. 12, 1939, 19

I last saw him alive on Mar. 12, 1939, 19. Death is said to have occurred on the date stated above, at 7:20 P. M.

The principal cause of death and related causes of importance were as follows:

Generalized carcinomatosis Date of onset 1938
(Primary site, parotid gland)

Other contributory causes of importance: 52
None

Name of operation Biopsy Date of 2-13-39

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Surgeon
 (Signed) E. W. Green, P. A. Surgeon, M. D.
Clinical Director, MCFP,
Springfield, Mo.

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.....

Licensed Embalmer No.....

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, above space should be left blank.