DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33086

Registration District No. L14 Primary Registration District No. 4553 Registrar's No. 23

1. PLACE OF DEATH

(a) County Newton 2

(b) City or town Granby

(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) 2 days

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Granby

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

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter Leo REGERT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Regert

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June (Month) 5 (Day) 1895 (Year)

8. AGE: Years 44 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business State Hwy Dept

MOTHER FATHER

12. Name Andrew Regert

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

14. Maiden name Nemie Chastain

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

16. (a) Informant's own signature Myrtle Regert

(b) Address Granby Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Fidelity Cemetery

18. (a) Signature of funeral director

(b) Address Neosho Mo

19. (a) 9-23-39 (Date received local registrar) (b) L E Rollens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1939 hour 5 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Sept 17 1939, to Sept 22 1939, that I last saw h. alive on Sept 22 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	6 days
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.

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

23. Signature Charles O Chastain M. D. or other DO

Address Granby Mo Date signed 9/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 1039-2111
Date Filed OCT 13 1939

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 Marilleen Williams, Registered Apprentice No. 234 working under my personal supervision.

Signed J. A. Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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

If this body is not embalmed, above space should be left blank.