

FILED DEC 12 1941

Registration District No. 655

Primary Registration District No. 5812

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH: Pemiscot  
 (a) County Pemiscot  
 (b) City or town Steel (Virginia township)  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME G. W. Reagan Jr.  
 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 single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 6 1941  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name G. W. Reagan  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mollie Wiginton  
 15. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)

16. (a) Informant G. W. Reagan  
 (b) Address Steel, Mo

17. (a) Burial (b) Date thereof 12-2-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director Herman Wirt Co  
 (b) Address Steel, Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 78  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Steel (Rural)  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
 year 1941 hour \_\_\_\_\_ minute 4:00 P.M.  
 21. I hereby certify that I attended the deceased from Dec. 1, 1941  
 \_\_\_\_\_, 19\_\_\_\_, to Dec 2, 19\_\_\_\_,  
 that I last saw him alive on Dec. 1, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal hemorrhage

Due to Bacillary Dysentery

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 27a  
 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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. P. Chapman (M. D. or other) \_\_\_\_\_  
 Address Steel, Mo Date signed 12/2/41

12-41-31

**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 *William C. Shelton*

Licensed Embalmer No. *3929*

P. O. Address *Steubenville, Ohio*

**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.**