S. No. S. No.
M—5-42
5-17-39
FILED JUN 29 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20892

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 660

11
1
7

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1105 Henry 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 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 Henry 1
(If rural, give location)

(e) Citizen of foreign country? no 7 (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Anna Regan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Morgan Regan

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

7. Birth date of deceased August (Month) 26 (Day) 1848 (Year)

8. AGE: Years 94 Months 9 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Mary Keane
(b) Address 709 North 13th, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 6-15-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Dec 22, 1937, to June 13, 1943;
that I last saw her alive on June 13, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	unknown
Due to: Arteriosclerosis General	"
Due to: ✓	
Other conditions: ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations: ✓	
Of autopsy: ✓	

93d

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 Gustav N. Lang (M. D. or other) M.D.
Address Kirkpatrick Bldg. St. Joseph Mo. Date signed 6-14-43

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(Licensed Embalmer's Statement on Reverse Side)

Son
Kirkpatrick

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 John H. Hurley

Licensed Embalmer No. 4057

P. O. Address St Joseph Mo

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.