DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17542

Registration District No. 42 Primary Registration District No. 1005 Registrar's No. 528

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: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles North DeKalb Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Wesley Reagan
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Reagan
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased June (Month) 19 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	28	hr. min.

9. Birthplace DeKalb (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Reagan
13. Birthplace unknown (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Mary Collins
15. Birthplace unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Clive Reagan
(b) Address 809 North 25 St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Heaton BeGole + Bowman
(b) Address St Joseph Mo
19. (a) 5/17/44 (Date received local registrar) (b) Helen L. Peckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1944 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from Nov 7, 1943, 19..., to May 17, 1944, that I last saw him alive on May 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	12 hours
Due to Chr. Interstitial Nephritis	2 years
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Benjamin L. Reles (M. D. or other) DO
Address 6207 King Hill Date signed May 17, 1944

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Bennman

Licensed Embalmer No. 1710

P. O. Address [illegible]

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

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