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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1944

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21388

Primary Registration District No. 3012

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Excelsior Springs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ½ day (Specify whether

In this community 16 - yr (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL")

(d) Street No. 524 Regent St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE RECKNOR REAGAN

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-23-8972

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife J. C. Reagan

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased April (Month) 16 (Day) 1878 (Year)

8. AGE: Years 66 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Davis Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Lewtellus F. Recknor
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Henrietta Dutton
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Paul C Ellis

(b) Address 5714 Olive Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 6-9-44 (Date received local registrar) (b) Miss Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 6th year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from June 6th 1944 to June 6th 1944 that I last saw her alive on 6-6-44 A.M. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 8 3a

Major findings:
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? home (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Robabaux (M. D. or other) MD

Address Excelsior Springs Mo. Date signed 6-7-44

1166

(Licensed Embalmer's Statement on Reverse Side)

JUN 24 1944

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 6-22-44

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.