

U.S. No. 2  
DOM-2-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28976**

FILED AUG 16 1944

Registration District No. **387**

Primary Registration District No. **4513-**

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

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

1. PLACE OF DEATH:

(a) County **Sullivan**  
(b) City or town **M. IAN**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **SIMPSON Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **one hour**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County **105**  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Roger, Unmarried Reger**

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 **S. 0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July - 14 - 1944**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **1 hr. \_\_\_\_\_ min.**

9. Birthplace **M. IAN. mo 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

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

MOTHER FATHER  
12. Name **James Ross Reger**  
13. Birthplace **Harris. mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Helen Ruth Harden**  
15. Birthplace **Harris mo 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. R. Reger**

(b) Address **Harris, Mo**

17. (a) \_\_\_\_\_ (b) Date thereof **7-14-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beardstown Cem.**

18. (a) Signature of funeral director **Shelvin Funeral Home**

(b) Address **Milam, Mo**

19. (a) **Aug - 4 - 1944** (b) **Mrs. L. D. Green**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14th** day **July**  
year **1944** hour **7:50** minute **7. A.M.**

21. I hereby certify that I attended the deceased from **July 14**, 19**44**, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on **July 14**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Birth** Duration **1**

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

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

Other conditions (Include pregnancy within 3 months of death) **159**

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 **2**

23. Signature **E. W. Simpson** M. D. or other \_\_\_\_\_  
Address **Milam** Date signed **7-15-44**

RECEIVED

District Health Officer No. 10

District File Number 8-44-1479

Date Filed AUG 14 1944

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.