

Registration District No. 275 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla Mo., 1407 City Limits
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Five or six hours. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State California (b) County _____
 (c) City or town Long Beach
 (If outside city or town limits, write "RURAL")
 (d) Street No. 905 Cherry St.,
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Johnnie William Reardon
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-07-1975

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21
 year 1946 hour Approx 2 minute 05 P.M.

4. Sex Male 5. Color or race Wh.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hazel Reardon.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 19, 1909
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
 that I last saw him alive May 21 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death HEMORRHAGE Severed Jugular Vein
 Due to Knife wound
 Due to Suicide. 3rd Attempt.

9. Birthplace Texas County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Burner

Other conditions Alcoholic = MENTALLY depressed.
 (Include pregnancy within 3 months of death)

11. Industry or business Ship Yards, Long Beach Ca
 12. Name James A. Reardon
 13. Birthplace Texas Co., Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Millie Mason
 15. Birthplace New York
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Hazel Reardon,
 (b) Address 905 Cherry Ave. Long Beach Ca
 17. (a) Removal & Burial date thereof May 21, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Grove, Missouri
 18. (a) Signature of funeral director Null & Son Funeral Home
 (b) Address 508 West 8th, Rolla, Mo.
 19. (a) May 22, 1946 (b) Mrs. Juanita Dewey
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 Date of occurrence MAY 21 1946
 (b) Where did injury occur? Rolla Phelps Mo
 (City or town) (County) (State)
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?
IN PRIVATE HOME
 (Specify type of place)
 (d) While at work? No (e) Means of injury Knife
 23. Signature S. B. Full (M.D. or other)
 Address Rolla Mo Date signed 5/21/46

JUN 28 1946

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.....

Licensee 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.

*Do Not Re-embalmed
Barber Funeral Home
Mountain View Mo*