

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5245

State File No. _____

FILED MAR 5 1947

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mountain
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co T B Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Leonard John Regge
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MD 5. Color or race Wh 6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 29 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 10 5 hr. min.

9. Birthplace Aurora Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER
12. Name George Regge
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dora Reynolds
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof Feb 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Cemetery

18. (a) Signature of funeral director Witt City and Co

(b) Address Witt City Mo

19. (a) FEB 27 1947 (b) St. Charles Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Witt City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 624 No Deron 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1947 hour 11 minute 45 pm

21. I hereby certify that I attended the deceased from Sept 26 1946 to Feb 23 1947
that I last saw him alive on Feb 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Sclerosis - Tuberculosis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 15 B
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 0

23. Signature John E. Daiglar (M. D. or other) _____

Address Witt City Mo Date signed Feb 27 1947

157

(Licensed Embalmer's Statement on Reverse Side)

47-2-159

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.....

Harvey E. Ornce

Registered Apprentice No. ~~347~~ 412

working under my personal supervision.

Signed *A. B. Mills*

Licensed Embalmer No. 347

P. O. Address *Ward City, 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.