

National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. ....

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 A. North Hayden  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME James C. Reger

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male color White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased January 4, 1948  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			2	hr. min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name William C. Reger

13. Birthplace Kirksville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Lee Evans

15. Birthplace Bluffs Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant William C. Reger  
(b) Address 200 A. N. Hayden

17. (a) Burial (b) Date thereof 1/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director  
(b) Address 902 Broadway Hannibal Mo

19. (a) 1-9-48 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 6  
year 1948 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from 1-4  
1948 to 1-6 1948  
that I last saw him alive on 1-6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity - 28 weeks gestation - wt = 2' 8"  
Due to lack of premature labor not fed  
Due to -  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations -  
Of autopsy -

Duration 1 1/2 d

PHYSICIAN  
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 2  
(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?

23. Signature Howard Sadock (M. D. or other) M.D.  
Address Hannibal, 1-8-48 Date signed 1-2-48

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

MOTHER FATHER

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 \_\_\_\_\_

working under my personal supervision. This body was not embalmed \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

Signed W. Bradford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.