

FILED AUG 28 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 779

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1102 Logan Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 47 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 Logan Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Mae Magoon,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced, or married, Charles W. Magoon, 6. (c) Age of husband or wife if alive 47 years, 7. Birth date of deceased January 4th, 1894 (Month) (Day) (Year)

8. AGE: Years 48, Months 7, Days 3, If less than one day hr. min.

9. Birthplace Arkansas City, Kansas, (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

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

MOTHER FATHER { 12. Name Albert N. Taylor, 13. Birthplace Union Star, Missouri, (City, town, or county) (State or foreign country) 14. Maiden name Theodosia Files, 15. Birthplace Rochester, Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Magoon, (b) Address 1102 Logan Street,

17. (a) Burial (b) Date thereof 3/10/42 (Burial, cremation, or removal) (Month) (Day) (Year) Union Star, Mo. Cem.

(c) Place: burial or cremation Hebron Baptist Funeral Home

18. (a) Signature of funeral director Rose Herzog, (b) Address 319 South 10th Street, Home

19. (a) 8-10-42 (b) Rose Herzog (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 7, 1942, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the liver, 3 yrs. Due to Ananition, 1 yr.

Due to \_\_\_\_\_ Other conditions: (Include pregnancy within 3 months of death) H6K

Major findings: Of operations \_\_\_\_\_ Of autopsy No. 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 \_\_\_\_\_

23. Signature: H. F. Mundy (M.D. or other) \_\_\_\_\_ Address 404 So. 3rd St. Date signed 8/7/42

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

**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 8.7.42  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm. E. Simmonsfield  
Licensed Embalmer No. 3007

P. O. Address 319 Oak St. Joseph 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.**