

No. 2
1-10-39
7-39 AM
1492

AY 13 1940 85
Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 424

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

I. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST-JOSEPH - HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days) 11-8-0

3. (a) PRINT FULL NAME KATHERYN LEE MAGNESS
8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 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 Aug 11 1928
(Month) (Day) (Year)

8. AGE: Years 11 Months 8 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business (School)

MOTHER FATHER { 12. Name Tommy Magness
13. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)
14. Maiden name Keller Hockaday
15. Birthplace Mo Kan
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Kargishar
(b) Address 2nd St. Rd.

17. (a) Burial (b) Date thereof Apr. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtland Cemetery

18. (a) Signature of death director Roy Kargishar

(b) Address St Joseph Missouri

19. (a) 4/13/40 (b) W. H. Hestebach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN
(c) City or town ST-JOSEPH (RURAL)
(If outside city or town limits write "RURAL")
(d) Street No. RFD #2
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 12:30 minute 0 M.

21. I hereby certify that I attended the deceased from March 30, 1940, to Apr 10, 1940;
that I last saw her alive on Apr 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pericarditis with effusion
Due to _____
Due to _____

Other conditions Arteriosclerosis - (Rheum)
Enlargement of heart - edema gen
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? _____
85 While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. H. Hestebach (M. D. or other) _____
Address Empoint 3rd Date signed 4/10/40

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.....

John H. Hurley

Registered Apprentice No.

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *232858 Joseph*

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, above space should be left blank.