

Registration District No. 608

Primary Registration District No. 4362

Registrar's No. 43

DEC 12 1940

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town FAIRVIEW
(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 2
In this community 16 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
(c) City or town FAIRVIEW
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 ~~November~~
15 year 1940 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from
NOV - 5 - 1940 to NOV - 12 - 1940;
that I last saw him alive on NOV - 14 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Edema
Due to _____
Due to A. W.
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings:
Of operations _____
Of autopsy _____

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 O. S. McCall (M. D. or other)
Address Wheaton Mo Date signed 11-16-40

3. (a) PRINT FULL NAME ALFRED ABRAHAM MAGIE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 11 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace NEWARK N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation GARAGE OWNER

11. Industry or business _____

12. Name WILLIAM MAGIE

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

14. Maiden name EVNICE SHAWDER

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

16. (a) Informant's own signature Alfred Magie

(b) Address PITTSBURG KANSAS

17. (a) REMOVAL (b) Date thereof 11-17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILAND PARK PITTSBURG KAN.

18. (a) Signature of funeral director Orley Thompson

(b) Address Nessha Jmo.
(c) Nov. 16-1940 (d) Ada Callings
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1240-3021

Date Filed DEC 12 1941

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 Gail K Gray

Licensed Embalmer No. 4155

P. O. Address Neosho, 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, above space should be left blank.