

JAN 20 1941

Registration District No. 533

Primary Registration District No. 5713

Registrar's No. 72

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Hudson
(c) Name of hospital or institution:
1/2 mile E of Macon
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME George Magnus
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec 9 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Magnus

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

14. Maiden name Mary Sulhoff

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

16. (a) Informant Frank Magnus

(b) Address R R Macon

17. (a) burial (b) Date thereof Mar 12 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadlam Cem

18. (a) Signature of funeral director Albert Skinner

(b) Address macon mo

19. (a) 1/3/41 (b) Leota Newton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County macon
(c) City or town Hudson TWP
(d) Street No. 1/2 mile E. of Macon
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9 year 1940 hour 9 minute P M.
21. I hereby certify that I attended the deceased from Aug 3 1939 to Nov 9 1940
that I last saw him alive on Oct 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Coronary sclerosis

Due to _____
Other conditions 94-18
(Include pregnancy within 3 months of death)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 476 (Specify type of place)
(a) Means of injury _____

23. Signature J J Turner (M. D. or other)
Address macon, Mo. Date signed 12/20/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-126

Date Filed JAN 10 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 *George White*

Licensed Embalmer No. 4026

P. O. Address *Marion, Va*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.