

No. 2
4-13-40
5-17-39
X2319

APR 15 1941 85
Registration District No.

Primary Registration District No. **1001**

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

1. 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: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
 In this community 30 years

3. (a) PRINT FULL NAME NATHAN MAGOON
 (b) If veteran, name was none
 (c) Social Security No. none

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Sarah Magoon
 (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: Unknown

8. AGE: Years	Months	Days	If less than one day
est. 62	?	?	hr. min.

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

10. Usual occupation Contractor Painter

11. Industry or business

MOTHER FATHER
 12. Name Heiman Issac Magoon
 13. Birthplace unknown Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Fruma (unknown)
 15. Birthplace Unknown Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Bennie Sembler
 (b) Address 1624 S. 22nd. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharre Sholem Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address St. Joseph, Mo.

19. (a) 3/10/41 (b) A. J. Nestlebaum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1022 Messanie
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10th.
 year 1941 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from Mar 9
im, 1941, to Mar. 10, 1941.
 that I last saw him alive on Mar 10, 1941.
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerotic
cardio-vascular disease

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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? _____

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

23. Signature A. J. Nestlebaum (M. D. or other) M.D.
 Address 620 1/2 main Date signed 3-10-41

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.

Body Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.