

S. No. 2
1-4-13-40
7. 5-17-39
X23159

FILED MAY 13 1941

Dr. Coffelt

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14533

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 302

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
39
22
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826 W. Lynn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 826 W. Lynn
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULLNAME John Thomas Magers

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. 702-07-5986

20. DATE OF DEATH: Month April day 10 year 1941 hour 9 minute 30 p.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

21. I hereby certify that I attended the deceased from December, 1940, to April 10, 1941 that I last saw him alive on April 9 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Gertrude Magers 6. (c) Age of husband or wife if alive Unknown years

Immediate cause of death: Carcinoma of Stomach

7. Birth date of deceased: Feb. 2 1879
(Month) (Day) (Year)

Due to: primary

8. AGE: Years Months Days If less than one day
62 2 8 hr. min.

Due to: 4/10

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer, Reclamation Plant

Major findings: Carcinoma of Stomach
Of operations

11. Industry or business Frisco R.R.

Of autopsy: _____

12. Name Wilburn Magers

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Arnetti Spradling

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

16. (a) Informant Gertrude Magers

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellview Cem.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 4-12-41 (b) W.E. Naudley
(Date received local registrar) (Registrar's signature)

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 _____

Signature Kenneth Coffelt (M. D. or other) _____
Address Springfield, Mo Date signed 4-14-41

JUN 30 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

L. Deane Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield, 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.

X