No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17551

Registration District No. ~~210~~ 184 Primary Registration District No. 6270 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County ~~GREENE~~ Christian
(b) City or town ~~Springfield~~ Rural Galloway (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ponce de Leon Mo. P.O. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 59 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Ponce de Leon P.O. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

22 0 0 0

3. (a) PRINT FULL NAME MYRTLE MAE MAGERS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luther Magers
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 15 (Day) 1882 (Year)

8. AGE: Years 59 Months 2 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Prospect (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
MOTHER FATHER
12. Name Jesse Cox
13. Birthplace Christian Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Florence Boyd
15. Birthplace Christian Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Bernice Magers
(b) Address Ponce de Leon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville, Mo.
18. (a) Signature of funeral director Friesen
(b) Address Springfield Mo. 170
19. (a) June 1-1941 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 1:15 minute P M.

21. I hereby certify that I attended the deceased from Feb 10, 1941, to May 28, 1941; that I last saw her alive on May 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	1 yr
Due to: Metastasis to liver	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Inoperable obstructing growth ascending colon
Of autopsy

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 0

23. Signature Robert Glynn (M. D. or other) M.D.
Address Springfield Date signed 5/31/1941

(Licensed Embalmer's Statement on Reverse Side)

Holland

RECEIVED
District Health Officer No. 6,
District File Number 641-961
Date Filed JUN 14 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 R H Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

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

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