

FILED JUN 20 1941

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 160

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Ficksville, Mo.
(c) Name of hospital or institution Green Smith Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Edina
(d) Street No. _____
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Magorien
3. (b) If veteran, name war ✓
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29th
year 1941 hour 11 minute 20 A.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive Single years _____
7. Birth date of deceased May 21 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25 1941 to May 29 1941
that I last saw him alive on May 29 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 9 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Fracture left femur at hip
Due to _____
Due to _____

9. Birthplace Larsalle, Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Other conditions (Include pregnancy within 8 months of death) None
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name John Magorien
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Anderson
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5-25-41 10:52
(c) Where did injury occur? Edina, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? no (Specify type of place) (e) Means of injury Fall

16. (a) Informant Joseph Gibbons
(b) Address Edina, Mo
17. (a) Edina, Mo (b) Date thereof June 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Catholic Cemetery
18. (a) Signature of funeral director Spencer S. Sheehan
(b) Address Edina, Mo
19. (a) June 1, 41 (b) Spencer S. Sheehan
(Date received local registrar) (Registrar's signature)

23. Signature W. S. [unclear]
Address Ficksville, Mo Date signed 5/29/41

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1182

Date Filed JUN 18 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 G. B. Easley, Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland

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.