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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29136

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 30

**1. PLACE OF DEATH:**

(a) County Putnam

(b) City or town Unionville Fwy. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Public square 1 (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 MO (b) County Putnam 86 0

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Unionville Mo. R.F.D. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME CHARLES HENRY MAGEE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M — 0

5. Color or race W —

6. (a) Single, widowed, married, divorced M — 1

6. (b) Name of husband or wife Clara Magee

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct (Month) 18 (Day) 1892 (Year)

8. AGE: Years 48 Months 9 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Putnam Co (City, town, or county) MO (State or foreign country) 0

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER

12. Name Samuel M. Magee

13. Birthplace (City, town, or county) Mo (State or foreign country) 0

14. Maiden name Harriet Carr

15. Birthplace (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Clara Magee

(b) Address Unionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo

18. (a) Signature of funeral director J. D. Hussled Son

(b) Address Unionville Mo

19. (a) Aug 28, 1941 (Date received local registrar) (b) H. W. Gillum (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 25 year 1941 hour 04 minute 30 p.M.

21. I hereby certify that I attended the deceased from Aug 25, 1941, to Aug 25, 1941; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Gun shot wound Through heart | 20 min |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) — | |

166

Major findings: Of operations ✓

Of autopsy Heart penetrated by 41 Caliber bullett

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) Murder

(b) Date of occurrence Aug 25, 41

(c) Where did injury occur? Unionville, Putnam, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public square (Specify type of place)

While at work? (e) Means of injury

23. Signature E. R. W. Brown (M. D. or other) M.D.

Address Unionville Date signed Aug 28 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-41-1606
Date Filed SEP - 8 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 Muriel E Husted

Licensed Embalmer No. 3304

P. O. Address Unionville Mi

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

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