No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5485

FILED MAR 9 1939

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 607

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
123 East 34th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ////// (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6

(d) Street No. 123 East 34th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mr. Thornton Jacobs Magruder

3. (b) If veteran, name war None

3. (c) Social Security No. 493-12-4084-A

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 24 (Day) 1869 (Year)

8. AGE: Years 72 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Floor Manager

11. Industry or business Woolf Bros. Clothing Co.

FATHER
12. Name Samuel Adrian Magruder
13. Birthplace Winchester (City, town, or county) / Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Virginia Jacobs
15. Birthplace Front Royal (City, town, or county) / Virginia (State or foreign country)

16. (a) Informant Louise V. Magruder
(b) Address 123 E. 34th St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4/11/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10 year 1942 hour minute M.

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

Immediate cause of death

Due to Chronic myocarditis

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

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 [signature] (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.