

FILED APR 25 1942
Registration District No. 379

Primary Registration District No. 1002

Registrar's No.

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: St. Marys Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days) 2 hours

In this community 2 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 W 39th Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME INFANT MAGEE

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 Infant

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased April 6 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 0 2 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Rutherford H. Magee

{ 13. Birthplace No Record Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Fansy May Canote

{ 15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rutherford H. Magee

(b) Address 1505 W. 39th, K.C. Kansas

17. (a) Burial (b) Date thereof 4 - 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C. Kansas

18. (a) Signature of funeral director Gate Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 4-8-42 (b) M. M. Cronus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1942 hour 11 minute 42 P.M.

21. I hereby certify that I attended the deceased from April 6 1942 to April 6 1942
that I last saw her alive on April 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hydrocephalus
Stematurity

Due to 157a

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature J. O. Cornwall (M. D. or other) H

Address 810 Porter Bldg. Date signed 4-4-42

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

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

Jimmy S. Hucks

Licensed Embalmer No. *4092*

P. O. Address *Honolulu City, Hawaii*

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.