V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17256

State File No.

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 163

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim Smith 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Adair~~ Macon 10
(c) City or town Rural La Plata 0
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Route 2~~ 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Grundy D. Magers
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 Married
6. (b) Name of husband or wife Ada Magers
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Mar (Month) 11 (Day) 1887 (Year)

8. AGE: Years 53 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John D Magers
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Catherine Carter
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Ada Magers
(b) Address La Plata Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata
18. (a) Signature of funeral director R. S. Christie
(b) Address La Plata Mo
19. (a) June 8, 1942 (Date received local registrar) (b) Mrs. J. A. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1942 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 4, 1942 to Death, 19..; that I last saw ~~him~~ alive on, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia (hemolytic streptococcus)	1 wk
Due to Liver abscess & subdiaphragmatic abscess	2 wks
Due to Perforated duodenal ulcer	3½ wks
Other conditions (Include pregnancy within 3 months of death) Developed anuria last	wk

Major findings:
Of operations Perforated duodenal ulcer 12 hrs duration
Of autopsy None done

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?
While at work? (Specify type of place) (e) Means of injury 0
23. Signature George E. Grim (M. D. or other) MD
Address 112 E. Patterson St Date signed 6-5-42
Kirksville Mo.

1047

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1327
Date Filed JUN 15 1942

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 D. S. Christie, Registered Apprentice No. —, working under my personal supervision.

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.