

S. No. 2  
 9-4-41  
 5-17-39  
 X29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

39849

State File No. ....

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4814

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. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital of institution 6 Days (Specify whether  
 In this community 37 Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7301 Walnut Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ---

3. (a) PRINT FULL NAME Mr. Leroy Hamilton Magee  
 (b) If veteran, name war No (c) Social Security No. 570-09 9507

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 29 year 1942 hour 11 minute 55 AM.  
 21. I hereby certify that I attended the deceased from Dec 15 1942 to Dec 22 1942  
 that I last saw her alive on Dec 22 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mrs. Mary C. Magee (c) Age of husband or wife if alive 51 years

Immediate cause of death acute fibrinous pericarditis 3 day  
 Due to acute rheumatic fever  
 Due to acute splenitis - acute nephritis 2 wks  
 Other conditions none 58E  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
52 6 29 00 hr. min.

PHYSICIAN  
 Major findings:  
 Of operations none  
 Of autopsy as above  
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Salesman

11. Industry or business Armour & Company

12. Name Samuel Magee

13. Birthplace Philadelphia Pennsylvania  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Andrews

15. Birthplace Philadelphia Pennsylvania  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Magee  
 (b) Address 7301 Walnut R. C. Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. N. Newcomer Sons  
 (b) Address 1401 Brush Creek Blvd

19. (a) Dec. 25, 1942 (b) Dr. M. Brown  
 (Date received local registrar) (Registrar's signature)

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 John T. Shimmer (M. D. or other) MD  
 Address 1402 E. 2nd St. Kansas City Date signed 2-23-44

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

J.E.M.O

*Newcomer*

*Steiner  
Magie*

*2/10*

**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 *C. Hervey Quisenberry*  
Licensed Embalmer No. *4070*  
P. O. Address *H. C. Ma...*

**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.