

S. No. 2
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V. 5-17-39
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40473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1945

Registration District No.

Primary Registration District No. 4119

Registrar's No.

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick 21
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Willis Magruder

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eudora Belle Magruder 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 17 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name E. A. Magruder
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sanders
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Eudora Belle Magruder
(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 12/28/1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elliott Grove

18. (a) Signature of funeral director John H. Meyer
(b) Address Brunswick Mo

19. (a) Dec 28, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1942 hour Over minute 15 P.M.

21. I hereby certify that I attended the deceased from 12/25/42 19 to 12/26/42 19
that I last saw her alive on 12/26/42 19
and that death occurred on the date and hour stated above.

Immediate cause of death Corny's Herpes
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

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? _____

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature John M. Nelson (M.D. or other) _____
Address Brunswick Mo Date signed 12/28/42

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

110

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-18-43

JAN 19 1943

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.....

JPM Lrary

Licensed Embalmer No.....

3153

P. O. Address.....

Glasgow, 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.