

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1943

Registrar's No. 31

Registration District No. 33

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution St. Francis Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours

In this community 35 years 2 mos. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott

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

Street No. 230 Hest St

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JAMES R. MAGNER

3. (b) If veteran, name war. No

3. (c) Social Security No.

4. Sex Male<sup>o</sup>

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mayme Wagner

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

7. Birth date of deceased May 4 1876

(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 66    | 8      | 20   | hr. min.             |

9. Birthplace Indiana

(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Engineer

11. Industry or business Rail Road

12. Name of father Cran Wagner

13. Birthplace Indiana

(City, town, or county) (State or foreign country)

14. Maiden name Mary A. McPherson

15. Birthplace Indiana

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Wagner

(b) Address Chaffee Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 27-1943

(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthus Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) Jan 27-43 (Date received local registrar)

(b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th, year 1943 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 6th, 1943 to January 24th, 1943 that I last saw him alive on January 24th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive heart failure due to Acute Myocarditis

Due to Upper Respiratory infection

Duration

1 day

3 weeks

Due to 93el

Other conditions Hypertension

(Include pregnancy within 6 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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 S. A. Sample (M. D. or other) M.D.

Address Chaffee, Mo. Date signed 1/26/43

RECEIVED

District Health Officer No. 4

District File Number 243-1772

Date Filed 2-8-43

RECEIVED

MAR 17 1943

MAR 17 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 J. W. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of Scott } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of March, 1943, before me appears Mayme

Magner, who, upon her oath, states that the original record of birth  
for James Rutherford Magner, died January 24th, 1943, in the State of Missouri,  
and which was filed at Jefferson City, Mo. born on March 18th, 1943, should be corrected as follows:

- Item No. 7 should read May 4th, 1876,
- Instead of May 14th, 1876.
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
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- Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_
- Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mayme Magner Widow  
Relationship.

230 Heeb St, Chaffee, Missouri.  
Present Address.

Subscribed and sworn to before me this 27th day of March, 1943.

My Commission expires March 3rd, 1946. Lawrence Oliver Notary Public.

1822