

FILED MAR 5 1943  
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 973

1. PLACE OF DEATH:

(a) County Jackson mo  
(b) City or town J. C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St Mary's Hospital &  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hrs.  
(Specify whether years, months or days) 15 hrs.

3. (a) PRINT FULL NAME Baby Magee

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. 2-24-43  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hr. 14 min.

9. Birthplace J.C. mo  
(City, town, or county) (State or foreign country)

10. Usual occupation New Born

11. Industry or business \_\_\_\_\_

12. Name William Hughes Magee

13. Birthplace J.C. mo  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Claire Nunneker

15. Birthplace J.C. R. I.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Nunneker, grandmother

(b) Address 3557 Genesee, J.C. mo.

17. (a) Burial (b) Date thereof 2-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director G. W. Wagner

(b) Address Franklin, Mo

19. (a) 2-25-43 (b) M. M. Orwe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jackson  
(c) City or town J.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3557 Genesee  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24<sup>th</sup>  
year 1943 hour 9: minute 40 p.m.

21. I hereby certify that I attended the deceased from 6:26 a.m. - 2/24/43 to 9:40 p.m. 1943.  
that I last saw h.i.m. alive on Feb 24<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Duration 6 hrs

Due to meningitis

Due to congenital developmental anomaly

Other conditions (Include pregnancy within 3 months of death) 157c

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Harold Perry (M. D. or other)  
Address 315 Cleveland Rd Date signed 2/24/43

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

MOTHER FATHER

**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.....  
*Was not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

*No Embalming*

Signed.....*R. R. Zeeuwischild*.....

Licensed Embalmer No. *4159*

P. O. Address.....*Kansas City 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.**