S. No. 2
—4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6052

State File No.

FILED MAR 3 1943

Registration District No. 3 1943

Primary Registration District No. 4098

Registrar's No. 44

19
0
0

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 1 MONTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

102
0
0

(a) State Missouri (b) County Shelby

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

(d) Street No. 1/2 mi North of Leonard.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Madison Magruder Priest

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 16 (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Silas W. Priest
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Vassie Magruder
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant A. E. Priest
(b) Address Wilberton, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Leonard, Mo.

18. (a) Signature of funeral director E. K. Sevyr & Sons
(b) Address Belton, Mo.

19. (a) Feb. 25 1943 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

.1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1943 hour 9 minute 25a M.

21. I hereby certify that I attended the deceased from 2-9-43, 19__, to 2-21, 1943
that I last saw him alive on Feb 19, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93e
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. M. Miller (M. D. ~~[illegible]~~)
Address Belton Mo Date signed 2-23-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1945

MAR 5 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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.