

FILED APR 26 1943

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and named township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN B. MAGEE

3. (b) If veteran, name war Worlds War #1 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 Lillian Magee 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 19 - 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 17 hr. min.

9. Birthplace Albion Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business
12. Name John C. Magee
13. Birthplace Renn
(City, town, or county) (State or foreign country)
14. Maiden name Jane Cole
15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Magee
(b) Address Mt Vernon Mo
17. (a) Removed (b) Date thereof 4-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Ia

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs Mo
19. (a) 4-7-43 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Glowa (b) County 997
(c) City or town Mt Vernon (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1943 hour 10 minute P M.
21. I hereby certify that I attended the deceased from April 6
1943 to April 6 1943
that I last saw him alive on April 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to cardiac damage
Due to Continued hypertension

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations no 94a
Of autopsy no

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 industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Berton V. Daulton (M. D. or other)
Address Excelsior Springs Mo Date signed 4-7-43

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

APR 26 1943

91700

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 Chas V. Hope
Licensed Embalmer No. 3950
P. O. Address Ex Springs 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.