

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18822

LED JUN 7 1943

Registration District No. 295

Primary Registration District No. 442

State File No.

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo
(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 80yrs 8mo 9da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard Walker 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 Belle Magruder 6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased Sept 14 1862 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	8	9	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Amos Magruder.
13. Birthplace Dont Know
14. Maiden name Sattie Graves
15. Birthplace Dont Know

16. (a) Informant Mrs Belle Magruder
(b) Address Higbee Mo

17. (a) Burial (b) Date thereof May 26 1943
(c) Place: burial or cremation Log Chapel

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) 5-28-43 (b) Mr. P. Odreyes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jari 1st 1942 to May 23 1943
that I last saw him alive on May 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis
Duration 2oda

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations no
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 J. H. Burton (M. D. certifying)
Address Higbee Mo Date signed 5/26

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

MOTHER FATHER

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-942

Date Filed JUN 3 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 EW Sweeney

Licensed Embalmer No. 3978

P. O. Address Glasgow, Md.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 295

Primary Registration District No. 444 2

Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Hogebel
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Richard Walker Magruder

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

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

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

7. Birth date of deceased Sept 14
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 0 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 23
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Paralysis cerebral

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
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)
(b) 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 J. H. ... (M. D. or other) _____
Address Hogebel, Mo Date signed _____

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

SUPPLEMENTARY

S-18822