

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 192

Registration District No. _____ Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Festerville
(c) Name of hospital or institution H.S.O. Hospital
(d) Length of stay: In hospital or institution 21 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan
(c) City or town Indian
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 1 years.

In this community _____ years, months or days)
3. (a) PRINT FULL NAME (Baby Boy) Ma Gee
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18 year 1943 hour 12 minute 59 A.M.
21. I hereby certify that I attended the deceased from July 17 1943 to July 18 1943
that I last saw him alive on July 18 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years _____ days

Immediate cause of death Pulmonary edema
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1610

7. Birth date of deceased July 17 1942
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr _____ min.

9. Birthplace Festerville Mo
10. Usual occupation _____
11. Industry or business _____
12. Name Jewell W. Ma Gee
13. Birthplace Myer Town Miss
14. Maiden name Margaret Judd
15. Birthplace Indian Mo

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant J. W. Ma Gee, Father
(b) Address Indian Mo
17. (a) Indian Mo (b) Date thereof July 19/43
(c) Place: burial or cremation Oakwood Cem.
18. (a) Signature of funeral director Shover
(b) Address Indian Mo Frank
19. (a) 7/20/43 (b) Mrs. J. Wagure

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? _____
(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 John H. Henry (M.D. or other) _____
Address Festerville Date signed 7/19/43

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

1
3
3

RECEIVED

District Health Officer No. 10

District File Number 8-43-1292

Date Filed AUG 10 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.....

Not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank D. Schoen

Licensed Embalmer No.

2916

P. O. Address.....

Milan, W.

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.