

No. 2  
A-2-48  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 18 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4642

State File No. ....

Registration District No. 337

Primary Registration District No. 6143

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 102

(c) City or town Lentner 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME Willis Jackson Magruder

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1944 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1944, to Jan 3, 1944; that I last saw him alive on Jan 3, 1944; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mary Virginia 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Aug 17 1865  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Paralysis 7 days

8. AGE: Years 78 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: arteriosclerosis 6 yrs.

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

Due to: \_\_\_\_\_

10. Usual occupation: Farmer

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

Major findings: \_\_\_\_\_

MOTHER FATHER { 12. Name William Henry Magruder

Of operations: \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Of autopsy: \_\_\_\_\_

14. Maiden name Sarah Jane Weatherford

Underline the cause to which death should be charged statistically.

15. Birthplace Don't know \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant P.F. Magruder

(b) Address Lentner Mo

17. (a) \_\_\_\_\_ (b) Date thereof Jan 5 1944  
(Burial, cremation, or funeral) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Oakridge Cem

(d) Signature of funeral director Attaye

(e) Address Shelbina Mo.

19. (a) Jan 10 44 (b) Thaddeus Good  
(Date received local registrar) (Registrar's signature)

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 R.H. Caldwell \_\_\_\_\_ (M.D. or other) Do.  
Address Shelbina, Mo. Date signed Jan 7-44

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

0002

219  
17-44

1043

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1944

RECEIVED

District Health Officer No. 10

District File Number 1-44-217

Date Filed JAN 14 1944

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..... *Hayes* .....

Licensed Embalmer No..... 1437 .....

P.O. Address.....

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.