

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1944
Registration District No. **387**

Primary Registration District No. **4499**

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

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Shelbina
(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 25 Years
years, months or days)

3. (a) PRINT FULL NAME Elbridge Gerry 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 Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 10th 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Pharmacist

MOTHER FATHER {
 12. Name Travis S Magruder
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Louparet Clay
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Magruder
 (b) Address Shelbina Mo

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11/18/44
(Month) (Day) (Year)
 (c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director Mellon & Borchert
 (b) Address Shelbina Mo

19. (a) Nov 4-44
(Date received local registrar) (b) Nudge Good
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby **10-2**
 (c) City or town Shelbina **Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th
 year 1944 hour 4 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Nov 16
 1944 to Nov 16 1944
 that I last saw him alive on Nov 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia
 Due to _____
 Due to **107**
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 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? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature J. J. ... (M. D. or other)
 Address Shelbina Date signed 11/17/44

RECEIVED

District Health Officer No. 10

District File Number 12-44-1981

Date Filed DEC 13 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

Sperry C. Berkeley

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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.