

S. No. 2
DM-8-43
v. 5-17-39
K37823

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

State File No. **40189**
Registrar's No. **5239**

FILED JAN 9 1946
Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(c) Name of hospital or institution St. Mary's Hosp. 0
(d) Length of stay: In hospital or institution 1 min.
In this community 1 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town K.C.
(d) Street No. 3227 Woodland St
(e) Citizen of foreign country? —

3. (a) PRINT FULL NAME Jacob J. Magel
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 - day 14
year 45 hour 5 minute 19 P. M.
21. I hereby certify that I attended the deceased from 12-14-45 to 12-14-45
(that I last saw him alive on 12-14-45 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. (c) Age of husband or wife if alive — years

Immediate cause of death Myopathy necrotorum
Due to —
Due to —
Other conditions (include pregnancy within 3 months of death) 161a

7. Birth date of deceased 12-14-45
(Month) (Day) (Year)
8. AGE: Years — Months — Days — If less than one day 0 hr. 1 min.

Major findings: 161a
Of operations —
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

9. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation N.B.

11. Industry or business N.B.
12. Name Mark C. Magel
13. Birthplace Burlington Iowa
14. Maiden name Marie Jensen
15. Birthplace Story City Iowa

16. (b) Informant Mr. Mark Magel
(b) Address 3227 Woodland K.C. Mo.
17. (a) Burial (b) Date thereof 12-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Robert Jensen (M. D. or other) M.D.
Address 1220 E. 31st St Date signed 12-14-45

(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Dwight & Tobin
(b) Address 20 West Linwood
19. (a) 12-20-45 (b) St. Pauline Holmes
(Date received local registrar) (Registrar's signature)

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

8
3

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.....

Charles M. Burt

Licensed Embalmer No. *3774*

P. O. Address. *K. E. 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.