S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6857

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 15

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: St Joseph Hosp O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME VIRGINIA ANN MAGRUDER

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edgar Magruder

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 19 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 31 If less than one day hr. min.

9. Birthplace Lincoln Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mamahan
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Langford
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Edgar Magruder

(b) Address Winfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-46 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Wayne McCoy

(b) Address Troy Mo

19. (a) Jan 17-46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 8- 1946 to Jan 10 1946 that I last saw her alive on Jan 10 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	2 wks
Due to chronic myocardial degeneration	
Due to coronary sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (e) Means of injury

23. Signature Vincent A Schneider (M. D. or other) MD

Address St Charles Mo Date signed 1/12/46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-15-46

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 Wayne McCoy

Licensed Embalmer No. 30186

P. O. Address Troy 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.