

S. No. 2
1-8-43
5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20079

FILED JUL 9 1946

Registration District No. 170

Primary Registration District No. 3024

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(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 _____

3. (a) PRINT FULL NAME Bertha Alma Thomas Magruder

3. (b) If veteran, name war -----
3. (c) Social Security No. -----

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daniel C. Magruder
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January 4, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>20</u>	
				hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

12. Name Griffith Thomas

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

14. Maiden name Sarah Catherine Tuggle

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Oree Thomas

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 6-27-1946 (b) Dorothy Fern
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1946 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from 1928
to June 24, 1946
that I last saw her alive on June 23
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis

Due to Pneumonia America

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ann J. Shaw (M. D. or other) M.D.

Address Fayette, Mo. Date signed 6-26-46

Duration 18 yrs.
Underline the cause to which death should be charged statistically.

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

18952

123

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-8-50

APR 12 1950

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, _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.