

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

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

State File No. 27444  
Registrar's No. 116

FILED AUG 19 1946  
Registration District No. 12

Primary Registration District No. 5577

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town JACKSON CITY RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Emergency Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)  
In this community 5 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Lone Jack  
(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 Mr. Elmer W. Magers  
(b) If veteran, name war NO  
(c) Social Security No. 494-18-8812

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 14<sup>TH</sup>  
year 1946 hour 10 minute 35 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Mrs. Hazell Magers  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased: AUGUST 17 - 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1906 to 1920  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
38 10 27 hr. \_\_\_\_\_ min.

Immediate cause of death:  
Fractured skull  
crushed chest  
Due to Collapsed Rt. Lung  
Auto Trauma  
Due to \_\_\_\_\_  
Duration 1700

9. Birthplace DYERSBURG TENNESSEE  
(City, town, or county) (State or foreign country)  
10. Usual occupation WELDER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy yes - as above

MOTHER FATHER  
11. Industry or business MI-STATES. ORYMENTAL IRON  
12. Name JOHN W. MAGERS  
13. Birthplace TENNESSEE  
14. Maiden name EMMA KEE CALDWELL  
15. Birthplace TENN.

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
**ADDITIONAL EXPERIMENTAL INFORMATION REQUESTED**

16. Informant A. C. Magers  
(a) Address 2806 Oakley  
17. (a) BURIAL (b) Date thereof JULY 16 - 1946  
(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) accident  
(b) Date of occurrence 7-11-46  
(c) Where did injury occur? eastern end  
(City or town) (County) (State)

(c) Place: burial or cremation FLORAL HILLS CEMETERY  
18. (a) Signature of funeral director D. N. Newcome, Son  
(b) Address 1401 BRUSH CREEK BLVD  
19. (a) 7/16/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
While at work? no (Specify type of place) (e) Means of injury Auto Trauma  
Signature [Signature] (M. D. or other) Cor 3  
Address 1824 1/2 N. 114 Date signed 7-15-46

123 (Licensed Embalmer's Statement on Reverse Side)  
SHP - Call with other M. Vehicle

*Funeral Home Shop  
New Summit, Mo.*

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**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 *Emile W. Colborn*

Licensed Embalmer No. *3506*

P. O. Address *KC 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.