

S. No. 2  
M-8-43  
5-17-39  
X37823

32858

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 26 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 343

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

31686

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff  
(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 1 day  
years, months or days)

3. (a) PRINT FULL NAME Eva Pearl Magill

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race w

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 Aug. 22 1943  
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Howard Magill

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

14. Maiden name Gene Wisdom

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

16. (a) Informant Howard Magill

(b) Address Wappello, Mo.

17. (a) Burial (b) Date thereof 10-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wappello, Mo.

18. (a) Signature of funeral director L. D. Kuster

(b) Address Caring Ark

19. (a) 10-23-46 (b) L. D. Kuster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Wappapello  
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16<sup>th</sup>  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-16-46 to 10-16-46; that I last saw her alive on 10-16-46 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Duration Unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 61

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury C

23. Signature J. W. Fonda, M.D. (M-D or other) \_\_\_\_\_

Address Poplar Bluff, Mo. Date signed 10-17-46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1046-1282

Date Filed 10-29-16

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**