

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County Duchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Moorey Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (Specify whether years, months or days)  
 In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999  
 (c) City or town Wathena  
 (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 Grant Jay Magers

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife May Magers 6. (c) Age of husband or wife if alive 40 years  
 7. Birth date of deceased March 10, 1866  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>4</u>	hr. min.

9. Birthplace Angola Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Fisherman

11. Industry or business Self

MOTHER FATHER {  
 12. Name Unknown  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant May Magers

(b) Address Wathena, Kansas

17. (a) Removal (b) Date thereof 3/14/47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director E. B. Jenkins

(b) Address 5025 King Hill Ave.

19. (a) 56-47 (b) E. B. Jenkins  
 (Data received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1947 hour 4 minute 25 a.m.

21. I hereby certify that I attended the deceased from April 9, 1947, to April 14, 1947  
 that I last saw him alive on April 13, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of jaw abscess

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

Other conditions Seriously ill  
 (Include pregnancy within 3 months of death)

Major findings: 45%  
 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) Manner of injury \_\_\_\_\_

23. Signature W. R. ...  
 Address 209-210 ...

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

*Dr. Raymond L. Bennett  
Kearney, Nebraska*

SEP 8 1954

APR 21 1958

**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 Clark*.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph, 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.**