

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____ In hospital or institution. (Specify whether)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. 205 No Jefferson
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Fred Magee

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 Anna G. Magee

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

7. Birth date of deceased December 21 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 1946 to May 4 1947
that I last saw him alive on Dec 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerotic heart disease

Due to _____

Other conditions Jacksonian's Disease
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Leandria, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Rogues

MOTHER FATHER { 12. Name Wesley T. Magee

13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Waterman

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

16. (a) Informant Anna Magee

(b) Address Carrollton, Mo

17. (a) Buried (b) Date thereof 5/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director W. Arthur Pennington

(b) Address Carrollton, Mo

19. (a) 5/9/47 (b) Wm Herbert Church
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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) _____

(e) Means of injury 0

23. Signature J. M. Alwood (M. D. or other) _____

Address Carrollton Mo Date signed 5-8-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-21-47

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

Robert M. Marshall of

Registered Apprentice No. 409

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Cannelton 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.