

FILED JUL 23 1947

Registration District No. 3 Primary Registration District No. 2254 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Coldwater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Edward Lloyd Magraw, Jr.
3. (b) If veteran, name war W. Warll 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 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 June 19, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 0 25 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Schappleigh Hardware

MOTHER FATHER
{ 12. Name Edward L. Magraw
{ 13. Birthplace Jefferson City Missouri 0
(City, town, or county) (State or foreign country)
{ 14. Maiden name Anna Hart
{ 15. Birthplace Pekin Illinois 0
(City, town, or county) (State or foreign country)

16. (a) Informant Edward L. Magraw
(b) Address 2811 Chariton St.

17. (a) Burial National Cemetery J. B. MO. (b) Date thereof 7-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery J. B. MO.

18. (a) Signature of funeral director Weick Bro.-Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) 7-19-47 (b) Mobe/Beasley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2811 Chariton St. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1947 hour _____ minute 30P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death asphyxiation
accidental
drowning
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 14 - 1947
(c) Where did injury occur St. Francis River
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
B. MO. St. Francis River
While at work? no (Specify type of place) (e) Means of injury drowning
Greenleaf (M. D. or other) Cover
23. Signature Greenleaf Date signed 7/19/47
Address _____

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

RECEIVED

District Health Officer No. 4
District File Number 247-945
Date Filed 7-21-47

SEP 22 1947
AUG 19 1947
SEP 8 1947
DEC 10 1947

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.....

Coder Funeral Home..... Registered Apprentice No.....
working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Credmont, 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.

Registration District No. 370 Primary Registration District No. 6254

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Caldwater
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward L. Magaw Jr

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

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased June 19
(Month) (Day) (Year)

8. AGE: Years 18 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day), (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 19th 1967 (Date reported local registrar) Mabel Beasley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1967 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

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

21. Signature _____ (M. D. or other)

Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

20578