

No. 300
-10-47
-17-39
P 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36729

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4359

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3723 Montgall
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES THEODORE MAGILL

3. (b) If veteran, name war. No no
3. (c) Social Security No. 499-10-8569

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1948 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Pathologist, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife EDITH
6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 29 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 28 Days 426
If less than one day hr. _____ min. _____

Immediate cause of death: Uremia
Due to Acute Glomerulonephritis
Due to _____

Other conditions: Bronchopneumonia
(Include pregnancy within 6 months of death)

Major findings: 107
Of operations _____
Of autopsy Aboul

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? _____

Russell W. Kerr (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Russell W. Kerr (M.D. or other) _____
Address St. Joseph Hospital Date signed 25 Oct 48

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

MOTHER FATHER

11. Industry or business Industrial Paper + Stock Co.
12. Name Frank Magill
13. Birthplace Pittsburg Kans
(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 Edith Magill
(b) Address 3723 Montgall

17. (a) Burial (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director C.H. Blackman & son Inc.

(b) Address Kansas City

19. (a) 10-26-48 (b) St. Thaddeus Holman
(Date received local registrar) (Registrar's signature)

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.....

Staff....., Registered Apprentice No. *274*

working under my personal supervision.

Signed..... *A.K. McFarland*.....

Licensed Embalmer No. *4397*

P. O. Address. *Kansas City 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.