

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1225

FILED JAN 28 1955

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1005		Registrar's No. 12					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 75 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4532 Wyoming				e. STREET ADDRESS (If rural, give location) 118 4532 Wyoming							
3. NAME OF DECEASED (Type or Print) Charles		a. (First)		b. (Middle) 2 0		c. (Last) Magnuson					
4. DATE OF DEATH		(Month) Jan		(Day) 2,		(Year) 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/22/1874					
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 7		IF UNDER 1 YEAR Days 10		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Contracting			11. BIRTHPLACE (City and State or Foreign Country) Sweden 4					
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Magnus Magnuson		13b. MOTHER'S MAIDEN NAME Christine		14. NAME OF HUSBAND OR WIFE Margaret Magnuson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Russell Magnuson, 4712 Mercer, K.C.			ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?? ?? 422			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 2/18, 1947, to 1/3, 1955, that I last saw the deceased alive on 1/2/55, and that death occurred at 4 a. m., from the causes and on the date stated above.											
23a. SIGNATURE J. W. Young (Degree or title) M.D.				23b. ADDRESS 1401 S. 2nd St				23c. DATE SIGNED 1/3/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.					
DATE REC'D BY LOCAL REG. 1-3-55		REGISTRAR'S SIGNATURE Vera Minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home, K.C. Kan.						

(Licensed Embalmer's Statement on Reverse Side)

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

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~~....., Student ~~Embalmer No.~~.....  
~~working under my personal supervision.~~

Student.....  
~~Signature of Student Embalmer~~

Signed *Guy J. Shelton*.....  
Licensed Embalmer No. *4700*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.