

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 2
(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

3. (a) PRINT FULL NAME Worzelment Magill

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Name of husband or wife Mary Magill 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased Jan 7 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 20
If less than one day _____ hr _____ min.

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

10. Usual occupation Miller

11. Industry or business _____

MOTHER FATHER { 12. Name William C Magill

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

14. Maiden name Mary Ellen Joseph

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

16. (a) Informant's own signature Belle Briggs

(b) Address _____

17. (a) Coughwood (b) Date thereof Aug 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Sparex Son

(b) Address Clinton Mo

19. (a) 8-28-40 (b) J R Hamptor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 811 North 3rd
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 27
year 1940 hour 2 minute 30 A.M.

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

Immediate cause of death: deceased was dead on arrival. Had an attack of rupture of lungs and apparently died from coronary occlusion.

Due to _____

Due to _____

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

Major findings: 94%

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? 312

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

23. Signature P. R. Walker

Address Clinton Mo Date signed 8/28/40

RECEIVED

District Health Officer No. 7,

District File Number

9-40-1364

Date Filed

9-16-40

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.

3099

working under my personal supervision.

Signed

R. R. Kenney

Licensed Embalmer No.

3099

P. O. Address

408 E. Franklin St. Elmhurst

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, above space should be left blank.