

FILED AUG 28 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 779

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1102 Logan Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 47 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1102 Logan Street,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ida Mae Magoon,

3. (b) If veteran,

name war. None,

3. (c) Social Security

No. None,

4. Sex Female, 5. Color or race White  
6. (a) Single, widowed, married, divorced Married,  
6. (b) Name of husband or wife Charles W. Magoon,  
6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 4th, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 7 3 hr. min.

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

10. Usual occupation At Home,

11. Industry or business

12. Name Albert N. Taylor,  
13. Birthplace Union Star, Missouri,  
(City, town, or county) (State or foreign country)  
14. Maiden name Theodosia Files,  
15. Birthplace Rochester, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Magoon  
(b) Address 1102 Logan Street,

17. (a) Burial (b) Date thereof 8/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Union Star, Mo. Cem.

18. (a) Signature of funeral director Heaton Bigal Bowman Funeral

(b) Address 319 South 10th Street, Home

19. (a) 8-10-42 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th  
year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 7, 1942, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver 3 yrs.  
Due to Ananition 1 yr.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H6F

Major findings: Of operations \_\_\_\_\_  
Of autopsy NO

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 \_\_\_\_\_

23. Signature H F Mundy (M.D. or other) \_\_\_\_\_  
Address 404 So 3d st Date signed 8/7/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 8-7-42  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm. E. Diermeierfeld  
Licensed Embalmer No. 3007

P. O. Address 319 Dale St. Joseph 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.**