

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20502

State File No.

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Emma Frances Magill

3. (b) If veteran,

No

3. (c) Social Security

No

4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Widowed

6. (b) Name of husband or wife

L. S. Magill

6. (c) Age of husband or wife if

alive Deceased years

7. Birth date of deceased

Oct.

19

1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

86

8

9

hr.

min.

9. Birthplace Ray Co.

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Moses G. Dale

13. Birthplace Ray Co.

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name Mary Martin

15. Birthplace Ray Co.

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant Emma Magill

(b) Address Cape Girardeau Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof June 30, 1948

(Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director Thurman Fred Horn

(b) Address Richmond, Mo.

19. (a) July 2, 1948

(Date received local registrar)

(b) Malcolm Jackson

(Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6.M.N. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1948 hour 10 minute 41 P. M.

21. I hereby certify that I attended the deceased from
Jan. 12, 1948, to June 28, 1948,
that I last saw her alive on June 28, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho-Pneumonia

Duration

2 days

Due to.....

Due to.....

Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

?

Major findings:

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?

While at work?.....

(Specify type of place)

(e) Means of injury C

23. Signature Thos J. Horn (M. D. or other)

Address Richmond, Mo.

Date signed 7-1-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

to Filed 7-9-48

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 for me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. J. Harrison

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.