

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7734**

FILED MAR 20 1942
Registration District No. **713**

Primary Registration District No. **6020 A**

Registrar's No. **3**

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2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Bonne Terre**
(c) Name of hospital or institution: **Bonne Terre Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME **William Lee Mager**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lucile Wallace Mager** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Aug. 10, 1871**

8. AGE: Years **70** Months **6** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Washington, D.C.**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Charles Mager**
13. Birthplace **Washington, D.C.**
14. Maiden name **Lisa Farris**
15. Birthplace **Washington, D.C.**

16. (a) Informant **Lee Mager**
(b) Address **Shurnal, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 25, 1942**
(c) Place: burial or cremation **Parkebury**

18. (a) Signature of funeral director **C. J. Sawyer**
(b) Address **Desloge, Mo.**

19. (a) **2-11-42** (b) **Burdie S. Burkmaster**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Genevieve**
(c) City or town **Rural**
(d) Street No. **In St. Genevieve County**
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **23** year **1942** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **January 21, 1942**, to **January 23, 1942**; that I last saw him alive on **January 23, 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death **General peritonitis** Duration **2 days**

Due to **Rupture of large intestine** 2 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1863**

Major findings: Of operations **Rupture of large intestine (caecum)** Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **January 21, 1942, 095**

(c) Where did injury occur **St. Genevieve, Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On farm**

While at work? **Yes** (Specify type of place) **Worked by manual**
(e) Means of injury _____

23. Signature **David Ed Smith** (M. D. or other) **M.D.**
Address **Bonne Terre, Mo.** Date signed **1-26-42**

1176

MAR 18 1949

RECEIVED
District Health Officer No. 4
District File Number 42-1288
Date Filed 3-10-49

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.
working under my personal supervision.

Signed..... C. F. Bager
Licensed Embalmer No. 11671
P. O. Address..... Reslope m...

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.