

MTC-26712

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Muncy, PA 17756

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STATE OF MISSOURI }
CITY OF JEFFERSON } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the
person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri
Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department
of Health this date of

Garland H. Land
Garland H. Land
State Registrar of Vital Statistics

JAN 16 1992

DEPARTMENT OF COMMERCE

BUREAU OF THE CITY CLERK
FILED SEP 13 1948THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29867

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3623

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 31st & Flora
(d) Length of stay: In hospital or institution, write street address or location: none
In this community 1 year

3. (a) PRINT FULL NAME George P. MAGYAR3. (b) If veteran, name war NO 3. (c) Social Security No. 480-10-9349

4. Sex male 4. (a) Single, widowed, married, divorced married
5. (b) Name of husband or wife Mary E. Magyar
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 28, 1885

8. AGE: Years 63 Months 2 Days 5 If less than one day: hr. min.

9. Birthplace Wheat Cheer, Iowa10. Usual occupation Machinist11. Industry or business Retired12. Name George Magyar13. Birthplace Austria Hungary14. Maiden name Anna Simon15. Birthplace Austria Hungary16. (a) Informant Mrs. Mary E. Magyar(b) Address 3429 Campbell St., K.C., Mo.17. (a) Burial (b) Date thereof 9-7-48Place of burial or cremation St. Olivet18. (a) Signature of funeral director Malody-McGilley-Eyler(b) Address Kansas City, Missouri19. (a) 9-5-48 (b) St. Elizabeth's

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
(c) City or town Kansas City
(d) Street No. 3419 Campbell Street
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1948 hour 9:30 minute P21. I hereby certify that I attended the deceased from July 14, 1948 to Sept 31, 1948that I last saw him alive on 8-31 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral HemorrhageDue to Cerebral arteriosclerosisDue to Thrombosed arteriosclerosisOther conditions Coronary Arteriosclerosis 1931Major findings: Old Cerebral ThrombosisOf operations 94Of autopsy 94

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

Signature Franklin H. Hines (M. D. physician)Address 1512 Prospect St.

(I Leonard Enshelmer's Statement on Reverse Side)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 28th day
of Feb. A.D., 19 92 at 3:06 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 4151

FEE \$10.00

Evelyn Biehn County Clerk

By Quinn H. Hines