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-41
-39
K26390

DEC 18 1941

Registration District No. _____

Primary Registration District No. 206

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Andrew Mo.

(b) City or town Union Star Mo. RR.
(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. _____
In this community all of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Andrew.

(c) City or town Union Star Mo. RR.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Beatrice Agell.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1941 hour 1 minute 25.4 M.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. J. Agell. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 9-21-1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1938 to Nov 20 1941
that I last saw her alive on Nov 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

Due to Arterio Sclerosis

Due to _____

9. Birthplace Union Star Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Ormeal Groce

13. Birthplace Laura O Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah D. Diller

15. Birthplace Resney D Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Agell.

(b) Address Union Star Mo. RR.

17. (a) Burial (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) Nov 26 1941 (b) Mrs E. C. Jefferies
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations _____

Of autopsy _____

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 E. M. Reynolds (M. D. or other) _____

Address Union Star Date signed 11/24/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

L3

FEB 3 1942

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 *R. G. Taggart*
Licensed Embalmer No. *2563*
P. O. Address *King City 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.