

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15484

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. Court St.
(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 John William Agnew 250

8. (b) If veteran,

name war no

3. (c) Social Security

No. no4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

Agusta

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

May91861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

781114

hr.

min.

9. Birthplace

(City, town, or county)

Ohio

(State or foreign country)

10. Usual occupation Flour Mill engineer

11. Industry or business

12. Name Isaac Agnew

13. Birthplace

(City, town, or county)

Penn.

(State or foreign country)

14. Maiden name

Margaret Gibeau

15. Birthplace

(City, town, or county)

Penn.

(State or foreign country)

16. (a) Informant's own signature

Isaac Agnew

(b) Address

Eldon, Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4-25-1940

(Month) (Day) (Year)

(c) Place: burial or cremation Tuscumbia

18. (a) Signature of funeral director

Phillips Funeral Home

(b) Address

Eldon, Missouri19. (a) 4-25-1940

(Date received local registrar)

(b)

Belle D. Agnew

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller(c) City or town Eldon

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from
4/15, 1940 to 4/23, 1940
that I last saw him alive on 4/23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis Sudden

Due to

myocarditis

Duration

2

Due to

arterio-sclerosis2

Other conditions

(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

23. Signature

G. D. Wallen

(M. D. or other)

Address

Eldon Mo.Date signed 4/25/40

RECEIVED

Miller County Health Dept.

County File Number 40-54

Date Filed 5-13-40

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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis D. Phillips

Licensed Embalmer No. 3663.....

P. O. Address Eldon.....

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, above space should be left blank.