

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1940
735

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29443**
Registrar's No. **161**

Registration District No. **3034**

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: 1314 Scott St. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community Seven years. (Specify whether years, months or days) 7 1/2

3. (a) PRINT FULL NAME MARIETTA AGLER
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Agler 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. - 29 - 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 17 If less than one day hr. min.

9. Birthplace LaBelle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name John Henry White
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mercie Givens
(b) Address Gilanta Missouri

17. (a) Burial (b) Date thereof Aug - 16 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director James Funeral Home
(b) Address Moberly Missouri

19. (a) Aug 16 - 40 (b) Reah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits write "RURAL")
(d) Street No. 1314 Scott St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15th
year 1940 hour Eight minute — A.M.
21. I hereby certify that I attended the deceased from Aug 1st
1940 to Aug 15 1940
that I last saw him alive on Aug 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Duration 2 or 3 yrs

Due to —
Due to —

Other conditions 46
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: —
Of operations —
Of autopsy no
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?
925 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature C. Smith (M. D. or other) 1
Address Moberly Mo Date signed 8-15-40

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1809

Date Filed SEP 18-1940

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 and

J. E. Barnes No 2414, Registered Apprentice No. _____
working under my personal supervision.

Signed

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Maebury 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, above space should be left blank.