

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3502 South 16th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME JOSEPH AGLI

3. (b) If veteran, name war Indian 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 17 years 1858
7. Birth date of deceased March (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Guttenburg Germany (City, town, or county) (State or foreign country)

10. Usual occupation Guard (Retired)

11. Industry or business U.S. Penitentiary, Kans.

12. Name Count Josef Agli

13. Birthplace Unknown Bohemia (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Levin

(b) Address 3502 South 16th, St. Joseph, removal

(c) Date thereof 11-28-40 (Month) (Day) (Year)

(d) Place: burial or cremation Ft. Leavenworth, Kans.

(e) Signature of funeral director Fleeman & Son, Inv.

(f) Address 1946 Colhoun St., St. Joseph

(g) Date received local registrar Nov 29-1940 (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3502 South 16th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 19, 1940 to Nov. 25, 1940
that I last saw him alive on Nov. 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy
Duration 7 days

Due to arteriosclerosis

Due to

Other conditions senile dementia (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?

(e) While at work? (Specify type of place) (f) Means of injury

23. Signature J. H. S. (M. D. or other)

Address 620 4th ST. JOSEPH Date signed 11-27-40

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Geo. C. Daniel

Licensed Embalmer No.

3300

P. O. Address

St. Joseph

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.