

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **38677**Registration District No. **312**Primary Registration District No. **4185**

Registrar's No. _____

1. PLACE OF DEATH

- (a) County **Platte**
(b) City or town **King City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **72 yr.** years, months or days

3. (a) PRINT
FULL NAME**Annal Alma Agill**

3. (b) If veteran, _____
name war _____

3. (c) Social Security
No. _____

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **W.E. Agill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **11** (Month) **14** (Day) **1856** (Year)

8. AGE: Years **83** Months **11** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Emhurst** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **J. H. Andrews**

13. Birthplace **Cheney** (City, town, or county) **Mo.** (State or foreign country)

14. Maiden name **Annal Alma Agill**

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

16. (a) Informant **Louis Agill**

- (b) Address **1120 E. 1st St.**

17. (a) **Annal** (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation **White Ash Hill**

18. (a) Signature of funeral director **R. H. Tappan**

- (b) Address **King City, Mo.**

19. (a) **11-11-40** (b) **Donald D. Tappan** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County **Platte**

- (c) City or town **King City** (If outside city or town limits, write "RURAL")

- (d) Street No. **0** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **8** year **1940** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **9-10-40** to **11-8-40** that I last saw her alive on **11-8-40** and that death occurred on the date and hour stated above.

- Immediate cause of death **Coronary Thrombosis**

- Due to **Arterio Sclerosis**

- Other conditions **None**

- (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 **J. H. Tappan** (M. D. or other) **11-11-40**

- Address **King City, Mo.** Date signed **11-11-40**

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

R. J. Faggart

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38677

Registration District No. 312

Primary Registration District No. 4188

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Henry
(b) City or town King City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Annie Alma Agee

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 24 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name J. V. Andrews

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-11-40 (b) Donald D. Hartz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

20. DATE OF DEATH Month 11 day 8
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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 D. E. Black (Name or other) _____

Address King City Date _____

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

MOTHER FATHER

