

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44250**

JAN 22 1940
Registration District No. **206**

Primary Registration District No. **6217**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County **Wright**
(b) City or town **Hartsville (Rural) Hart.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East of Hartsville 12 mi.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) **81 yrs.**

3. (a) PRINT FULL NAME **WILLIAM-ELBERT-AGEE**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, ~~married~~ **WIDOWER**

6. (b) Name of husband or wife **CYNTHA J. AGEE** 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased **Nov. 29 1959**
(Month) (Day) (Year)

8. AGE: Years **81** Months **6** Days **6** If less than one day hr. min.

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

10. Usual occupation **Of farmer Aggie**

11. Industry or business

12. Name **Jahn Bouch Aggie**

18. Birthplace **Wright Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Barth Lang**

15. Birthplace **Wright Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mr. Lema Ellis**

(b) Address **Wright Co. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 6 - 1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hartsville Cem.**

18. (a) Signature of funeral director **Gene E. Hildner**

(b) Address **Hartsville Mo.**

19. (a) **12-31-40** (b) **Ella Clayton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Wright**
(c) City or town **Hartsville (Rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **12 mi. East Hartsville**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5**
year **1940** hour **4:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov-18**
19**39**, to **Dec 5** 19**40**
that I last saw him alive on **Dec 5** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Dissected, Resection of Hypostatic Pneumonia**
Due to **Jul 11**

Due to **10 1/2**

Other conditions (include pregnancy within 3 months of death) **18**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Dec 12 1940**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm - Woodward Wright Mo

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

23. Signature **W. J. Vayner** (M. D. or other)

Address **Wright Co. Mo.** Date signed **12/16/40**

(Licensed Embalmer's Statement on Reverse Side)

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

REV. 5-17-39
I X19511

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.

RECEIVED

District Health Officer No. 6

District File Number 141-85

Date Filed JAN 10 1941

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.