

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28810**

Registration District No. **630**

Primary Registration District No. **5708**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Elmer *eastey.*
 (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) 1

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Macon
 (c) City or town Elmer
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WELLIE M. AGEE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 16
 year 1941 hour 9 1 minute 20 A.M.
 21. I hereby certify that I attended the deceased from Aug 1
Aug 1 1941 to Aug 16 1941
 that I last saw him alive on Aug 16 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ethel S. Agee
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Jan. 16 - 1876
 (Month) (Day) (Year)

Immediate cause of death Angina Pectoris
 Due to _____
 Due to _____

8. AGE: Years 65 Months 7 Days 0
 If less than one day _____ hr. _____ min.

Other conditions Arterio sclerosis
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Macon Co. Mo
 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Jalen Agee
13. Birthplace unknown
 (City, town, or county) (State or foreign country)
14. Maiden name Myrtle Ann's grand
15. Birthplace Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Marple Agee
 (b) Address Elmer, Mo.
17. (a) Burial (b) Date thereof Aug. 17 - 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmer

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)
 (by means of injury) _____
23. Signature Harold Baker (M. D. or other) _____
 Address Elmer Mo Date signed Aug 17 1941

18. (a) Signature of funeral director Clyde McCallum
 (b) Address Elmer, Mo.
19. (a) Sept 1 1941 (b) Wm Lloyd Baker
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

100

RECEIVED

District Health Officer No. 10

District File Number 9-41-1715

Date Filed SEP 18 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 Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address Claver, 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.