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K26390

DEC 18 1941

Registration District No. _____

Primary Registration District No. 206

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Andrew, Mo.

(b) City or town Union Star Mo RR.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community all of life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Andrew

(c) City or town Union Star Mo RR.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Betty Beatrice Agell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1941 hour 1 minute 25.0 M.

4. Sex Female 5. Color or race Can.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. J. Agell 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 9-21-1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1938 to Nov 20 1941
that I last saw her alive on Nov 19 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

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

Due to _____

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

10. Usual occupation Housework

Major findings: 430
Of operations _____
Of autopsy _____

MOTHER FATHER

12. Name John Omeal Groce

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

14. Maiden name Shirah D. Groce

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

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? _____

16. (a) Informant W. J. Agell

(b) Address Union Star Mo RR.

17. (a) Burial (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

While at work? 2 (Specify type of place) (e) Means of injury _____

23. Signature E. M. Reynolds (M. D. or other)
Address Union Star Date signed 11/21/41

18. (a) Signature of funeral director R. G. Taggart

(b) Address King City Mo.

19. (a) Nov 26 1941 Mrs. E. C. Jefferies
(Date received local registrar) (Registrar's signature)

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

FEB 3 1942

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. G. Taggart*

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.