S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25509

Registration District No. 212

Primary Registration District No. 5780

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Olean Rural Salem
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ In this community 28 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Olean-Rural-Rt 1
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rosalie Agee

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem. | 5. Color or race white | 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Samuel Walker Agee

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr (Month) 22 (Day) 1866 (Year)

8. AGE: Years 77 | Months 4 | Days 23 | If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name George B. Hensley
13. Birthplace Montgomery (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Wheeler
15. Birthplace Callaway Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Frank Agee
(b) Address Olean Rt 1 Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lynn Mo

18. (a) Signature of funeral director Clyde Marlow

(b) Address Linn Mo

19. (a) 7-15-43 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15 day 1943
year _____ hour 7:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 12 1943 to July 15 1943
that I last saw her alive on July 13 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy.	3 days
Due to Arteri-Sclerosis.	2 yr
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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature G. D. Walker (M. D. or other)

Address Eldon Mo Date signed 7/15/43

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-61
Date Filed 8-5-43

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 Vernon Morton

Licensed Embalmer No. 4125

, P. O. Address Linn, 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.