

FILED FEB 3 1944
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 209 E. 36
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Hattie Agee

3. (b) If veteran, name war NO 3. (c) Social Security No. 49F-22-4727

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver A. 6. (c) Age of husband or wife if alive upt 60 years
7. Birth date of deceased Jan 14 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Bell Cleaners

11. Industry or business same

MOTHER FATHER { 12. Name Wm Bateman
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Mary Siskel
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Oliver Agee

(b) Address 209 E. 36 St

17. (a) Burial (b) Date thereof 1/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whiterock Mo

18. (a) Signature of funeral director Snow-Mayberry

(b) Address 2315 Sunway

19. (a) 1-12-44 (b) 44 T.E.B. wmm (12)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 5 1944 to January 9 1944
that I last saw her alive on January 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon
Bronchopneumonia

Due to 462

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy See above

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) (c) Means of injury
23. Signature A. E. Walker (M. D. or other) M. G.
Address 22 W. 1st Date signed 1-10-44

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

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 Roy E Snow

Licensed Embalmer No. 2566

P. O. Address 2315 Linnwood

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.