

No. 2
 4-5-42
 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31775

State File No.

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 32

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
919 S. Garrison Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 68 years
(Specify whether years, months or days)
 In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 919 S. Garrison Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country - - -

3. (a) PRINT FULL NAME Agnes Deagan
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 26
 year '44 hour 4:00 minute 4 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife James Deagan
 6. (c) Age of husband or wife if alive - - - years
 7. Birth date of deceased December 12 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 26 1944 to Jan 26 1944
 that I last saw her alive on Jan 25 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 1 14 hr. min.

Immediate cause of death Pneumonia Duration 24 hrs
 Due to Influenza 4 days
 Due to Senility

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

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

10. Usual occupation At Home

11. Industry or business None

Major findings:
 Of operations 330
 Of autopsy 330
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name James D. Weir

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Dellie Meachem

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. French

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof Jan. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) Jan. 28 '44 (b) Elizabeth Coupler
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature R. A. Weir (M. D. _____)
 Address Carthage, Mo Date signed Jan 27 '44
(Specify type of pistol) (e) Means of injury _____

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

44-1-78

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..... *Emm R. Steele*

Licensed Embalmer No. *3911*

P. O. Address..... *Carthage 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.