

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15611
Registrar's No. 1960

Registration District No. 381

Primary Registration District No. 4450

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Honohan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Williams Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ronnie Joe Agin
(b) If veteran, name war -
(c) Social Security No. 12

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Infant
(b) Name of husband or wife -
(c) Age of husband or wife if alive - years
7. Birth date of deceased 12-16-43
(Month) (Day) (Year)

8. AGE: Years - Months 3 Days 18
If less than one day ✓ hr. - min.

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

10. Usual occupation Infant

11. Industry or business -

12. Name Earl R. Agin
13. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Kerda Sniffin
15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl R. Agin
(b) Address Honohan Mo.

17. (a) Burial (b) Date thereof 4-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plunk Cemetery

18. (a) Signature of funeral director J. B. Jordan
(b) Address Honohan Mo.

19. (a) 4-10-44 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from April 2 1944 to April 3 1944
that I last saw him alive on 4-3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Duration

Due to

Due to

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

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?

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

23. Signature E. B. Johnston (M. D. or other)
Address Honohan Mo. Date signed 4/4/44

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.