

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 8 1944
Registration District No.

Primary Registration District No. 3052

Registrar's No. 160

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

3. (a) PRINT FULL NAME Charles Agee
3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced... 9
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... Unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

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

10. Usual occupation Cook

11. Industry or business...

MOTHER FATHER
12. Name... Unknown
13. Birthplace... Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name... Unknown
15. Birthplace... Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sedalia Democrat

(b) Address news paper clipping

17. (a) Burial (b) Date thereof 5/11/44 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 5-11-44 (b) Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Unknown (b) County... Unknown 80
(c) City or town... Unknown (If outside city or town limits, write "RURAL") 6
(d) Street No... Unknown (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 1, 1944, to May 10, 1944, that I last saw him alive on May 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and Chronic interstitial nephritis
Duration

Due to
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature H. T. Bishop (M. D. or other) Address Sedalia Mo Date signed 5-11-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-7-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. F. Parker

Licensed Embalmer No.....

3840

P. O. Address.....

Sedalia, 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.