V. S. No. 2
100M—5-43
Rev. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

Registration District No. 1447

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32998

Primary Registration District No. 1002

Registrar's No. 4409

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or ~~institution~~ 30 MINUTES (Specify whether years, months or days)
In this community 40 YEARS

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. 4221 EAST 62ND STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

3. (a) PRINT FULL NAME MR. ARTHUR BYERS AGNEW
3. (b) If veteran, name war No
3. (c) Social Security No. 486-07-6352
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ MRS. ETHEL AGNEW
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased NOVEMBER (Month) 14 (Day) 1882 (Year)

8. AGE: Years 61 Months 11 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace HUBBELL (City, town, or county) NEBRASKA (State or foreign country)
10. Usual occupation BREAD SALESMAN
11. Industry or business Bakery BAKERY
MOTHER FATHER
12. Name ANDREW F AGNEW
13. Birthplace UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)
14. Maiden name MAGGIE S. BYERS
15. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)
16. (a) Informant Mrs Ethel Agnew
(b) Address 4221 E 62 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director D. K. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-2-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 1 st year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1944, to Nov 1, 1944, that I last saw him alive on Nov 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia and Congestive heart failure	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy Lobar Pneumonia and Acute heart failure

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 J. V. Dell D.O. (M. D. Other)
Address 1137 Rockwood Date signed 11-2-44

(Licensed Embalmer's Statement on Reverse Side)

24. [redacted] Bell
Professional Bldg

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KCMO

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.