

FILED FEB 13 1945
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 8

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: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 19 years

3. (a) PRINT

FULL NAME Clarence Franklin Agan

3. (b) If veteran, name war No
3. (c) Social Security No. 496-20-2364

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 21 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	19	4	15	hr. min.

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

10. Usual occupation Employee

11. Industry or business Beechcraft Co., Wichita, Ks

12. Name James L. Agan
13. Birthplace Monett Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Firebaugh
15. Birthplace Unknown Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Agan
(b) Address Route 4, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett, Missouri

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Jan. 9 '45 (b) Elizabeth Corplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 4 1945 to Jan 6 1945
that I last saw him alive on Jan 6 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Myocardial Duration

Due to Pneumonia in Aug 1944

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) Means of injury

23. Signature T. E. Raker (M. D. or other)
Address Carthage Date signed 1-8-45

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

MOTHER FATHER

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. Stueg

Licensed Embalmer No.....

P. O. Address.....

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Carthage

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.