U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8429

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1334

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3210 EAST 11TH STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- In this community 16 YEARS (Specify whether years, months or days)

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.: 618 S. BRIGHTON AVENUE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME: EDWARD BEEM AGNEW

3. (b) If veteran, name war: NO

3. (c) Social Security No. 486-10-6998

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MRS. WANDA AGNEW

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: OCTOBER (Month) - 14 (Day) - 1890 (Year)

8. AGE: Years 54 | Months 5 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace: HARDING (City, town, or county) MO (State or foreign country)

10. Usual occupation: EMPLOYEE

11. Industry or business: PURINA MILLS INC.

FATHER
12. Name: EDWIN AGNEW
13. Birthplace: PA. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ADA JONES
15. Birthplace: Dallas (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Mrs Wanda Agnew
(b) Address: 618 So. Brighton Avenue

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR-26-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. WASHINGTON CEM.

18. (a) Signature of funeral director: D. H. Newcomer & Sons
(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 3-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 26 1943 to March 22nd 1945 that I last saw him alive on March 17th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration 2 yrs

Due to: Arterial Hypertension

Due to:

Other conditions: Over activity (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) (e) Means of injury:

23. Signature: Dr S. D. Ramey (M. D. or other) DO

Address: 900 Benton Date signed 3-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 KC 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.