

FILED JUN 11 1945

State File No. _____

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 100

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 Carthage
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days (Specify whether)
 In this community life years, months or days

3. (a) PRINT FULL NAME

William Agan

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Male

5. Color

White

6. (a) Single, widowed, married

Single

6. (b) Name of husband or wife

Deceased

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

March 14 1875
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70 1 21 hr. _____ min.

9. Birthplace

Osawego, Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation

Unknown

11. Industry or business

Michael Agan

13. Birthplace

Dresden
 (City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

"
 (City, town, or county) (State or foreign country)

16. (a) Informant

County Jail

(b) Address

Carthage, Mo

17. (a) Burial (Burial, cremation, or removal)

Burial

(b) Date thereof

May 9 1945
 (Month) (Day) (Year)

(c) Place: burial or cremation

Carthage, Mo

18. (a) Signature of funeral director

W. H. Hester

(b) Address

Carthage, Mo

19. (a) May 9 1945 (Date received local registrar)

(b) E. Elizabeth Corple (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4027 Lincoln St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1945 hour 7:30 minute 00 M.

21. I hereby certify that I attended the deceased from Apr 22 to May 5, 1945
 that I last saw him alive on May 5, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis

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) (e) Means of injury _____

23. Signature R. H. Hester (M. D. or other)

Address Carthage, Mo Date signed May 7 1945

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

45-5-478

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.