

FILED JUN 28 1945

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
715 Florida Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 14 years  
(years, months or days)

3. (a) PRINT FULL NAME John L. 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 married  
6. (b) Name of husband or wife Grace Agee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 13, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Agee  
13. Birthplace not known (City, town, or county) (State or foreign country)  
14. Maiden name Amelia Harrison  
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Agee  
(b) Address 715 Florida, Joplin, Missouri  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 9, 1945 (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER  
(b) Address 1502 Joplin, Joplin, Missouri  
19. (a) 6-6-45 (Date received local registrar) (b) Arthur S. Suddall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin (If outside city or town limits, write "RURAL")  
(d) Street No. 715 Florida Avenue (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1945 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from May 28 to June 5, 1945  
that I last saw him alive on June 2/45 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocorditis  
Due to Chr. heart myocorditis  
Hypertension  
Due to 131a

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 fall  
23. Signature J. A. Suddall (M. D. or other) MD  
Address Joplin, Missouri Date signed 6/6/45

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**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.....

*F. M. Jones*

Licensed Embalmer No.....

*2319*

P. O. Address.....

*Japhier 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.**