

19944 ✓

FILED JUL 1 1946
Registration District No. 628 Primary Registration District No. 2000 Registrar's No. 502

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Campbell & Sunshine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oley El Agard

3. (b) If veteran, No. No. 3. (c) Social Security No. 510-03-7069
name war.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Iva Agard 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased May 13, 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 39 0 28 hr. min.

9. Birthplace UNK. KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation Lineman
City Utilities

11. Industry or business Robert. Agard

12. Name Robert. Agard 13. Birthplace UNK. Denmark
(City, town, or county) (State or foreign country)

14. Maiden name Ella Evanson 15. Birthplace UNK. Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oley Agard

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof 6/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka, Kansas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-13-46 (b) Dr W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1633 College 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from no physicians no attendance, 1946
that I last saw him alive on June 11, 1946, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Electrocution Duration

Due to Contact with high voltage current

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) Accident 130
(b) Date of occurrence June 11, 1946
(c) Where did injury occur? Springfield, Greene Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On pole of power line
While at work? Yes (Specify type of place) (e) Means of injury Electrocution
23. Signature Marion C. Stone (M. D. or other)
Address Springfield, Mo. Date signed 6-13-46

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FEB 3 1947

FEB 14 1947

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..... *Walter E. Hamble*

Licensed Embalmer No..... 3808

P. O. Address..... Springfield, 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.

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