

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20124

State File No.

FILED JUL 10 1946

Registrar's No. 2860

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)

In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 235 Ward Parkway 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Miss Rosanna E. AGNEW

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

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

7. Birth date of deceased January 16 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 5 10 hr. min.

9. Birthplace Waterloo Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name James Agnew

13. Birthplace Belfast Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Jane Ferguson

15. Birthplace Belfast Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. T. Beeler

(b) Address 235 Ward Parkway, K.C., Mo.

17. (a) Removal (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Washington

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 6-28-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 6 minute 40 p.m.

21. I hereby certify that I attended the deceased from Nov. 2, 1945 to June 26, 1946

that I last saw him alive on 6-26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Hypertension

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 932

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. Beck (M. D. or other) 6/28/46
Address 158 NW Date signed

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

MOTHER FATHER

Prof. Bell
VA 8481

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.....

[Handwritten Signature]
.....
Licensed Embalmer No.....
P. O. Address.....

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.