

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 5 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7815  
Registrar's No. 18

Registration District No. 25

Primary Registration District No. 4036

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rich Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 530 Vine St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 yrs (Specify whether years, months or days)  
In this community 65 yrs

3. (a) PRINT FULL NAME JAMES SAMPSON AGNEW

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lillian Agnew 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Oct 28 1889 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Warrensburg Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming? Coal Mining

11. Industry or business —

MOTHER FATHER { 12. Name William Agnew  
13. Birthplace Georgia (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth H. McCurdy  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Gaul Agnew  
(b) Address Rich Hill, Mo.  
17. (a) Burial (b) Date thereof 4/6/47 (Month) (Day) (Year)  
(c) Place: burial or cremation GREEN LAWN

18. (a) Signature of funeral director Booth  
(b) Address Rich Hill, Mo.

19. (a) Apr 6 1947 (b) Mrs. Edna Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town Rich Hill (If outside city or town limits, write "RURAL")  
(d) Street No. 530 Vine 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 April day 4 year 1947 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from March 12 1944 to April 4 1947  
that I last saw him alive on April 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure  
Due to Coronary Occlusion

Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A  
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 2

23. Signature T. R. McRee (M. D. or other) D.O.  
Address Rich Hill Mo. Date signed April 7 1947

RECEIVED  
District Health Officer No. 71  
District File Number 3-47-427  
Date Filed 8-8-47

### 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.....

*Harold M. Dwyer* Registered Apprentice No. *410*  
working under my personal supervision.

Signed *John B. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler Ind*

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.