

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

4
1
2

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 13 days

3. (a) PRINT FULL NAME NELLIE AGEE

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

4. Sex F 5. Color or race N

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

6. (b) Name of husband or wife W Agee 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: May 7 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name deceased

13. Birthplace DTL (City, town, or county) (State or foreign country)

14. Maiden name deceased

15. Birthplace DTL (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 10 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Levensworth Mo

18. (a) Signature of funeral director Nancy Hartman

(b) Address Levensworth Mo 5th Colwell Pkwy

19. (a) 5-8 1947 (Date received local registrar) (b) J. J. M. M. M. M. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 14

(c) City or town Louisiana
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1947 hour 4 minute 53P M.

21. I hereby certify that I attended the deceased from May 5, 1947, to May 8, 1947, that I last saw him alive on May 8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death.	Duration
<u>Edema of lungs</u>	<u>5 hours</u>
<u>chronic myocarditis</u>	<u>9 months</u>
<u>Carcinoma of ovary</u>	<u>3 yrs</u>

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H&A

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) (c) Means of injury _____

23. Signature Joyl J. M. M. M. (M. D. or other) M. D.

Address State Hospital Date signed May 8 1947

Date Filed 5-12-47

District File Number

District Health Officer No. 9,

RECEIVED

AUG 9 1948

AUG 14 1948

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 Geo Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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.