

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32171**

Registration District No. **275** Primary Registration District No. **0012** Registrar's No. **29**

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Chariton County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Clifton Hill; R.F.D. 2 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Wallace Elliott 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 Blanch L. Agee **6. (c) Age of husband or wife if** 78 years
7. Birth date of deceased. November 12 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 10 12 _____ hr. _____ min.

9. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation farming

11. Industry, or business
12. Name Andrew Agee
13. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarrie A. Minor
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blance Agee
(b) Address Clifton Hill, Missouri
17. (a) burial **(b) Date thereof** 9/26/1947
(Burial, entombment, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo
19. (a) 10/6/1947 **(b) Mrs. D.A. Bernhart**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph **88**
(c) City or town Clifton Hill, Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #2 **0**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 24
year 1947 hour 5:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Sept 24
1947 to Sept 24 1947
that I last saw him alive on Sept 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____
Due to _____
Due to _____
Other conditions 47
(Include pregnancy within 3 months of death) 36

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident **8**
(b) Date of occurrence Sept 24 - 1947
(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 **0**
23. Signature W.C. Alexander (M. D. or other) **0**
Address Clifton Hill Mo Date signed 9-20-47

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

OCT 13 1947

RECEIVED
District Health Officer No. 10
District File Number 40-47-13
Date Filed OCT 10 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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville Va

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.