

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44453

Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Belle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chris Guy Agee

3. (b) If veteran, name was ----- 3. (c) Social Security No. -----

4. Sex Malw 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 9 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 20 hr. min.

9. Birthplace La Belle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business -----

12. Name Joseph Benson Agee
13. Birthplace Buckingham County Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elyda E. Agee

15. Birthplace La Belle Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Agee
(b) Address La Belle, Missouri

17. (a) Burial (b) Date thereof 12/31/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Belle Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address La Belle, Missouri

19. (a) 1-13-48 (b) C. W. Jennings M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Belle
(If outside city or town limits, write "RURAL")
(d) Street No. ----- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 2 minute 00 M.

21. I hereby certify that I attended the deceased from Dec-29-1947 to 1947, 1947 20M. 12/29/47, 1947 that I last saw him alive on 12/29-20 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hr.
Due to Cerebral Hemorrhage

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83.5

Of autopsy -----

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 [Signature] (M. D. or other) -----
Address ----- Date signed 12/31

RECEIVED
District Health Officer No. 10
District File Number 48767
JAN 27 1948
Data Filed

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 Myself

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. A. Coe Jr.

Licensed Embalmer 4328

P. O. Address La Belle, 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.