

FILED JAN 24 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 1620

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Wallace Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 2 days years, months or days)

3. (a) PRINT FULL NAME Malinda AGee

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

4. Sex 7 / 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Leonard Agee  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased April 1 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 9 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Geo. W. Hooper

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

14. Maiden name Martha Vernon

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

16. (a) Informant Leonard Agee

(b) Address R.F.D. 2 Lebanon Mo.

17. (a) Burial (b) Date thereof 1-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Atchley Cemetery

18. (a) Signature of funeral director W.E. Hooper

(b) Address Lebanon Mo.

19. (a) Jan 17, 1948 (b) Dr. Frank Hugel (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon (If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. #2 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1948 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Jan 6 1948 to Jan 9 1948  
that I last saw her alive on Jan 8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myeloid leukemia  
with fibrosarcoma

Due to

Due to

Other conditions Chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J. B. Bummett (M. D. or other) MO  
Address Lebanon Mo. Date signed 1-10-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Received ..... 1/22/48  
..... Health Unit  
..... 1-48-2  
Date filed ..... 1/22/48

---

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 Orsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.