S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2178

Registration District No. 316 — Primary Registration District No. 3061 — Registrar's No. 21

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Crane St. Flat River, Mo. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Ira Matilda Agnew.
3. (b) If veteran, name war ..... 3. (b) Social Security No. .....
4. Sex Female / 5. Color or race White Cave. 6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Thomas H. Agnew 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 4 (Day) 1900. (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	10	19.	..... hr. ..... min.

9. Birthplace Ste. Genevieve County Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife.
11. Industry or business —
FATHER
12. Name Mr. W. B. Johnson 0
13. Birthplace Perry Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Anderson.
15. Birthplace Illinois. (City, town, or county) (State or foreign country) 1
16. (a) Informant Mr. Thomas H. Agnew.
(b) Address 206 Crane St. Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Park View - Farmington, Mo.
18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River Mo.
19. (a) 1-28-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 2 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1948 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct 16 1949 to Jan 23 1948 that I last saw her alive on Jan 23 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	1 day
Due to Hypertension	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
(e) While at work? ..... (c) Means of injury 2
23. Signature J. W. Zuspanos (Dr. or other)
Address Flat River Mo. Date signed 1/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 248-181
Date Filed 2-11-48

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 Alvin W. Hood

Licensed Embalmer No. 2780.

P. O. Address 303 Crane St. Flat Rim, 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.