

No. 300  
10-47  
5-17-39  
PI 3908

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25743  
Registrar's No. 21

FILED SEP 13 1948

Registration District No. 21

Primary Registration District No. 5272

1. PLACE OF DEATH:

(a) County CHRISTIAN  
(b) City or town Billings MO. Polk Townsh.  
(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 \_\_\_\_\_  
In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHRISTIAN 22  
(c) City or town OGAN MO. Billings, Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME M YRA AGAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES L AGAN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCTOBER 30 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
96 9 10 hr. \_\_\_\_\_ min.

9. Birthplace LAWRENCE COUNTY MO U  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name ANDREW MILLER

13. Birthplace NOT KNOWN ?  
(City, town, or county) (State or foreign country)

14. Maiden name NANCY B EVANS  
(City, town, or county) (State or foreign country)

15. Birthplace MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ASA STARK

(b) Address L OGAN MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/11/48  
(Month) (Day) (Year)

(c) Place: burial or cremation MARIONVILLE MO

18. (a) Signature of funeral director J.P. Sturidge

(b) Address M ARIONVILLE MO.

19. (a) Aug 11 1948 (b) Alline Weaver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 9  
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1948 to August 9, 1948  
that I last saw h. ER alive on August 9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmitates of age. Duration 9 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 16 2 D  
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 A.P. [unclear] MO. (M. D. or other)  
Address Marionville, Mo. Date signed 8/11/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1017  
Date Filed SEP 10 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.....

Wm R. Fooks, Registered Apprentice No. 29  
working under my personal supervision.

Signed Herman Scudiger

Licensed Embalmer No. 3072

P. O. Address Marionville 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.**