FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948
Registration District No. 1248

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35610
Primary Registration District No. 1000
Registrar's No. 1215

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 424 North 8th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 60 Yrs. 11 Mo. 13 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 424 North 8th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Alice Agee
3. (b) If veteran, name war None
3. (c) Social Security No. 491-10-2392
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harvey B.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November (Month) 28, (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	13	hr. min.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Henry Twedell
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Martha A. Whitsitt
15. Birthplace Lexington Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Harvey B. Agee
(b) Address 424 North 8th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Herman W. Biedenbach
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) 11-16-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1948 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 25, 1947 to 11-8, 1948
that I last saw her alive on 11-8-48, 19....;
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Terminal pneumonia	4 days
Due to: Parkinsonian	prior to 6-25-48
Due to: Secondary enemia	11-3-48
Gastric hemorrhage, cause undetermined.	
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)
While at work? (e) Means of injury

23. Signature Clifton Smith (M. D. or other) M.D.
Address 218 No. 7th St. St. Joseph, Mo. Date signed 11-12-48

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

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

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. Robert L Apple

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.