

REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9454  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399  
(b) Township Drew Primary Registration District No. 109 Registered No. 1060  
(c) City Jansas City (d) Street No. St Joseph Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 201 James S. Agee  
133 East 46 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 1877  
7. AGE YEARS 64 MONTHS 16 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Contractors  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME James M. Agee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mittie G. Evans  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Young Agee  
25 East 46

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Mar. 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. F. Neucome's Sons  
Brushcreek & Passes

20. FILED Mar 9 1939 M. M. Grome  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938 to Mar. 8 1939

I last saw him alive on Mar. 8 1939 Death is said to have occurred on the date stated above, at 12:00 AM

The principal cause of death and related causes of importance were as follows:

Brainy Occul Prior  
to Chronic Nephritis  
131  
Date of onset 4/20

Other contributory causes of importance: Extensive Sclerosis of Arteries

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Dr. M. M. Grome M. D.  
(Signed) Dr. M. M. Grome  
(Address) 1402 Bryant Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I XI 4023

*Bryant Bell*

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**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *K.C. 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, above space should be left blank.**