

STANDARD CERTIFICATE OF DEATH

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
(a) County Jasper County  
(b) City or town Joplin, Mo.  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 hrs  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Xava May Green Aggus  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frank L. Aggus 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased August 21 1911  
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cherokee County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

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

MOTHER FATHER  
12. Name J. F. Green  
13. Birthplace Jasper County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Green  
15. Birthplace Jaylar County Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mother, Mrs. J. F. Green  
(b) Address Cherokee, Kansas

17. (a) Removal (b) Date thereof 5-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherokee, Kansas

18. (a) Signature of funeral director M. D. Snow - Talon F. H.  
(b) Address Anderson, Mo.

19. (a) 5-13-41 (b) J. D. James  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town Lanagan  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 11  
\_\_\_\_\_, 1941, to May 11, 1941  
that I last saw her alive on May 11, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction from general peritonitis  
Due to general peritonitis  
Due to plum abscess  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy General peritonitis

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? 372  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature J. D. James (M. D. or other) 11  
Address Joplin, Mo. Date signed May 11 1941

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

41-6-522

129B

BESX

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Galpin  
(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)

3. (a) PRINT FULL NAME Rava May Greer Aggus

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year \_\_\_\_\_

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 8 10 hr min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 11  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

from general toxemia

Due to General peritonitis

Due to pelvic abscess

Other conditions # P. M. O.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Unable to definitely locate origin - probably taken

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)  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTAL

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

MOTHER FATHER

