

S. No. 2
M-9-41
5-11-43
I 2291

Dr. Feller
34676
State File No.
Registrar's No. 817

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

OCT 25 1943 1128
Registration District No.

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution:
1217 W. Water
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
In this community 25 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 W. Water
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Daniel Agee

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Lee Agee 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 5 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Wm. Agee
13. Birthplace Unk. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unk. Berry
15. Birthplace Unk. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A.E. Agee
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-6-43 (b) W. H. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1943 hour 1:00 minute p. M.

21. I hereby certify that I attended the deceased from 9-1-
1943 to 10-3 1943
that I last saw him alive on 10/1/43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 3 mos

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 C. E. Feller (M. D. or)
Address Springfield Mo Date signed 10/4/43

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.....

L. Doolin Gorman

Licensed Embalmer No.....

3177

P. O. Address.....

Springfield 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.