

FILED MAR 12 1946

Registration District No. **128**

Primary Registration District No. **5466**

Registrar's No. **142**

1. PLACE OF DEATH: *Greenland*

(a) County *Greenland*

(b) City or town *Rural, S. Campbell Twp.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *R.F.D. #7*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Greenland 39?*

(c) City or town *Rural - Springfield - S. Campbell Twp.*
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. *R.F.D. #7*
(If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *JAMES S. AGEE.*

3. (b) If veteran, name war *None*

3. (c) Social Security No. *None*

4. Sex *male* (O) 5. Color or race *white*

6. (a) Single, widowed, married, divorced *single*

6. (b) Name of husband or wife *None*

6. (c) Age of husband or wife if alive *XX* years

7. Birth date of deceased *Aug 29 1864*
(Month) (Day) (Year)

8. AGE: Years *81* Months *5* Days *10* If less than one day _____ hr. _____ min.

9. Birthplace *Buchanan Co. Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Retired farmer (10 yr.)*

11. Industry or business *Farming*

12. Name *James C. Agee*

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

14. Maiden name *Jane Lambeth*

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

16. (a) Informant *Christina Richards*

(b) Address *N. Newton, Springfield, Mo.*

17. (a) *Burial* (b) Date of death *Feb 11 1946*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Green Lawn Cem.*

18. (a) Signature of funeral director *J.W. Klingner Co.*

(b) Address *Springfield, Mo.*

19. (a) *2-11-46* (b) *J.W. Klingner*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb.* day *9* year *1946* hour *8:00* minute _____ P. M.

21. I hereby certify that I attended the deceased from *no physician in attendance* to _____
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death *Accidental burn.*

Due to *caught in burning hose.*

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy *Charnal Body, Chronic endocarditis.*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident 39*

(b) Date of occurrence *Feb 9, 1946*

(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? *In home*

While at work? *No* (Specify type of place) (e) Means of injury *Fire*

23. Signature *James C. Stone* (M. D. or other) *3*

Address *Springfield, Mo.* Date signed *2-11-46*

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

4210

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.

Not Embalmed

Signed *Ray A. Bowen*

Licensed Embalmer No. *1763*

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.

X