

FILED July 5 1946

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
626 Michigan St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 626 Michigan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME Marie Holliday Agniel
3. (b) If veteran, name war no 3. (c) Social Security No. 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour _____ minute 29 M.

21. I hereby certify that I attended the deceased from Apr. 17 1945, to May 9 1946
that I last saw her alive on May 9 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married; divorced widowed
6. (b) Name of husband or wife Lucien 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 22, 1877
(Month) (Day) (Year)

Immediate cause of death _____

Myocardial Failure

8. AGE: Years Months Days If less than one day
68 10 28 hr. min.

Due to Hypertension

Due to Arteriosclerosis Heart Disease

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

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

10. Usual occupation Housewife

PHYSICIAN

11. Industry or business _____

Major findings: Of operations _____

12. Name Mathew Holliday

Of autopsy 97
Underline the cause to which death should be charged statistically.

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

14. Maiden name Carrie Hilsong Penn.

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

16. (a) Informant Mrs. L.A. Agniel

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 5/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Arthur Buescher

(b) Address Jefferson City, Mo.

19. (a) 5-23-46 (b) A.P. Harris
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. L. Cannon (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 5/22/46

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

14987

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-1-46

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.