

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1517 Pattie /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 12 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St Joseph /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1517 Pattie /
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR HARRY AGNEW
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Sept. day 19
 year 1946 hour 7 minute 15 A. M.
 21. I hereby certify that I attended the deceased from Jan. 7th
1946 to Sept. 18, 1946:
 that I last saw him alive on Sept. 18, 1946:
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased February 28 1868
 (Month) (Day) (Year)

Immediate cause of death
Carcinoma of prostate, Grade 4 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

Due to Arterial Sclerosis 12 yr.
 Due to Arthritis Deformans 7 yr.
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Earlville Ill.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer (12 Yrs)

Major findings:
 Of operations Biopsy of prostate. Carcinoma, Grade 4
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Harry Agnew
 13. Birthplace Ill. /
 (City, town, or county) (State or foreign country)
 14. Maiden name Harriett Signor
 15. Birthplace Ill. /
 (City, town, or county) (State or foreign country)
 16. (a) Informant Harry E. Agnew
 (b) Address St Joseph, Mo.
 17. (a) Burial (b) Date thereof 9-21-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Mt Mora Cemetery
 18. (a) Signature of funeral director Fleeman & Son, Inc.
 (b) Address St Joseph, Mo.
 19. (a) Sept. 26, 1946 (b) [Signature]
 (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?

 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature B. B. Werner (M. D. or other)
 Address 221 Kirkpatrick Bldg. St. Joseph, Mo. Date signed 9/21/46

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, ~~XXX~~.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert H. Geph

Licensed Embalmer No. 3308.....

P. O. Address. St Joseph, 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.