

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 4 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

18436

State File No. \_\_\_\_\_

Registration District No. 293

Primary Registration District No. 6015

Registrar's No. 20

**1. PLACE OF DEATH:**  
 (a) County Randolph  
 (b) City or town Huntsville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: County Sanitorium  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Randolph  
 (c) City or town Huntsville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Arthur Cornelius Agee  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month May day 23  
 year 1947 hour 5:45 P.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from May 1, 1947, to May 20, 1947,  
 that I last saw him alive on May 20, 1947,  
 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 Ara Agee  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: March 16 1881  
(Month) (Day) (Year)

Immediate cause of death Chronic hyp condition Duration 1 month  
 Due to arterio-sclerosis D.K.  
 Due to \_\_\_\_\_  
 Other conditions (none)  
(Include pregnancy within 3 months of death)

8. **AGE:** Years 66 Months 2 Days 7  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings:  
 Of operations none  
 Of autopsy none

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 10. Usual occupation farming

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

11. Industry or business \_\_\_\_\_  
 12. Name John Agee  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roberts  
 15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cleo Trussell  
 (b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 5/26/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Madison, Missouri

18. (a) Signature of funeral director Tom B. Patton  
 (b) Address Huntsville, Mo.

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 \_\_\_\_\_

19. (a) May 3 1947 (b) Mrs. D. L. Barnhart  
(Date received local registrar) (Registrar's signature)

23. Signature P. V. Dreyer (M. D. or other) MD  
 Address Huntsville, Mo. Date signed 5/24/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-938  
Date Recd: JUN - 3 1947

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 Paul J. Patton  
Licensed Embalmer No. 4095  
P. O. Address Huntsville, 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.