

S. No. 2  
M-1747  
v. 5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 16 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3061

State File No. 2178

Registrar's No. 21

24  
5  
2

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

1. PLACE OF DEATH:

(a) County: St. Francis

(b) City or town: Flat River, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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: St. Francis

(c) City or town: Flat River, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No.: 206 Crane St. Flat River, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Mrs. Doa Matilda Agnew.

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: Female

5. Color or race: White / Cauc.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Thomas H. Agnew

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: March 4 1900.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>10</u>	<u>19</u>	hr. _____ min.

9. Birthplace: St. Louisine County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Mr. W. B. Johnson

13. Birthplace: Jerry, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Anderson

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

16. (a) Informant: Mr. Thomas H. Agnew

(b) Address: 206 Crane St. Flat River, Mo.

17. (a) Burial (b) Date thereof: Jan 25 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park View, Farmington, Mo.

18. (a) Signature of funeral director: Alvin W. H. H.

(b) Address: 303 Crane St. Flat River, Mo.

19. (a) 1-28-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Oct 16 to Jan 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Hypertension

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ (Of operations)

(Of autops): \_\_\_\_\_

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)

1 While at work? \_\_\_\_\_ (r) Means of injury: 2

23. Signature: L. W. Zupardo (Other): \_\_\_\_\_

Address: Flat River, Mo. Date signed: 1/26/48

Duration

1 day

4 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 248-181  
Date Filed 2-11-48

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cranford Rd Pine, 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.