REC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4262
Do not use this space.

1. PLACE OF DEATH
(a) County Webster — Registration District No. 896
(b) Township Grant — Primary Registration District No. 6199 — Registered No. 5
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred no yrs. 1 mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reford Daniel Bagley
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Helen Bagley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23, 1899
7. AGE: YEARS 39 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Mechanic 9/4 Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Shops 9/4 Farm
10. Date deceased last worked at this occupation (month and year): Farm - Jan. 19 - 1939.
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Mo.

FATHER
13. NAME: J. W. Bagley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler, Ohio

MOTHER
15. MAIDEN NAME: Fannie Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo.

17. INFORMANT (ADDRESS): Mary Helen Bagley, Strafford, Mo. - R.P.D. 1.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Clear Creek DATE: January 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rex Rainey, Marshfield, Mo.
20. FILED: Jan 31, 1939 Elizabeth Highfield, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 20, 1939
I last saw him alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

8241

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. F. Schlett, M. D.
(Address) Niangua Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-251

Date Filed FEB 15 1939

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 Rex Ramey

Licensed Embalmer No. 3312

P. O. Address Marshfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.