S. No. 2
4-13-40
. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25007

FILED AUG 14 1941

Registration District No. 289 Primary Registration District No. 4173 Registrar's No. 39

35
3
1

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Since 1902
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden 035
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm Davis Bagby
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. 702-09-4565
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Mary A.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 11 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	2	14	hr. min.

9. Birthplace Norris City (City, town, or county) Ill (State or foreign country)
10. Usual occupation Rail Road
11. Industry or business Road Master
FATHER
12. Name Wm Bagby
13. Birthplace Norris City (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name McKenzie
15. Birthplace White Co (City, town, or county) Ill (State or foreign country)
16. (a) Informant Carl Bagby
(b) Address Malden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Mo
18. (a) Signature of funeral director V. H. Craig
(b) Address Malden Mo
19. (a) 7/29/41 (Date received local registrar) (b) S E Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from January 1st, 1941, to July 25, 1941; that I last saw him alive on July 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Originating in Prostatic gland and area between it & rectum	about 18 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No —	

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

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 Homer Beall M.D. (M. D. or other)
Address 110 W Main St. Malden Mo Date signed 7/26/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1941

AUG 15 1941

SEP 29 1941

RECEIVED
District Health Office No. 2,
District File Number 841-1050
Date Filed 8-12-41

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 V. H. Craig

Licensed Embalmer No. 12850

P. O. Address.....

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.