. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 268

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 31 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 107 S. Bales
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANTHONY EDMOND BADGLEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Alice E.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 9, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	8	hr. min.

9. Birthplace Belleville (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

FATHER
12. Name A. S. Badgley
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Priscilla Tate
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Jessie Badgley
(b) Address 107 S. Bales

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery Butler, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 1-19-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1943 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from him Dec 15, 1942 to Jan 17, 1943 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 Mo
Due to	
Due to 82	
Other conditions Arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Dean S. Rising (M. D. ~~or other~~)
Address 814 Professional Bldg Date signed 1-19-43

(Licensed Embalmer's Statement on Reverse Side)

Reg. 3990

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 W D Bleckman

Licensed Embalmer No. 3639

P. O. Address St L. 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.