

FILED JAN 3 1944 49

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-11-43 (Specify whether
years, months or days) 12-16-43 12⁴³ PM

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2046 Dunesy (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bobby Joe Dagley

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 21 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 3 26 25 hr. min.

9. Birthplace Mosby Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Hugh Royan Dagley

13. Birthplace Hernes RR Mo
(City, town, or county) (State or foreign country)

14. Maiden name Louise Turner

15. Birthplace St. Joseph Mo, RR Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Dagley (mother)
(b) Address 2046 Dunesy St Kansas City

17. (a) Removal (b) Date thereof 12-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs Mo

18. (a) Signature of funeral director Clara ...
(b) Address Excelsior Springs Mo
19. (a) 12-16-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 16
year 1943 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12-11-43
to 12-16-1943
that I last saw him alive on 12-16-1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Bobby Joe Dagley
Post mortem
Due to: 1. Bronchopneumonia
2. atelectasis
3. Hydropneumothorax
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 905
Of operations _____
Of autopsy _____

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 _____
23. Signature: H. M. Hickory (M. D. or other) _____
Address 1624 Prof. Date signed _____

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

MOTHER FATHER

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.....

..... *will be*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Claude Richard*

Licensed Embalmer No..... *2751*

P. O. Address..... *Excelsior Springs*

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.