

FILED APR 25 1945  
 Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 290

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

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1705 N. Fremont  
(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 Greene  
 (c) City or town 1105 N. Fremont  
(If outside city or town limits, write "RURAL")  
 (d) Street No.....  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Matilda Bagley  
 3. (b) If veteran, name war Unknown  
 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife UNK.  
 6. (c) Age of husband or wife if alive Dec. years  
 7. Birth date of deceased December 13, 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>93</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Lancaster, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER {  
 12. Name UNK.  
 13. Birthplace UNK. UNK.  
(City, town, or county) (State or foreign country)  
 14. Maiden name UNK.  
 15. Birthplace UNK. UNK.  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Frank Bagley

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowery City, Mo.  
Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director Alma Lohmeyer  
 (b) Address Springfield, Missouri

19. (a) 4-10-45 (b) ATTY 3 Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 6,  
 year 1945 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from April 6, 1945 to April 6, 1945;  
 that I last saw her alive on April 6, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery occlusion  
Arterio sclerosis  
Chr endocarditis  
Chr myocarditis  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations.....  
 Of autopsy..... 92

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?

Home While at work.....  
(Specify type of place) (Means of injury)

23. Signature Arthur D. Kuehl M.D.  
 Address Springfield Mo Date signed 4-10-45

**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 E. A. Roof.....

Licensed Embalmer No. 3044.....

P. O. Address. Springfield, 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.**