

FILED JUN 25 1946
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2549

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

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: Osteopathic O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 39 days
(Specify whether in this community About 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 205 E Linwood 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wale Columbus Bagby
(b) If veteran, name war No
(c) Social Security No. 493-18-42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
3 year 1946 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from April 13
1946, 1946 to June 8, 1946
that I last saw him alive on June 8, 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mrs Myrtle Bagby 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 2 1881
(Month) (Day) (Year)

Immediate cause of death Concussion of Right Lung
Duration _____

8. AGE: Years 65 Months 3 Days 6 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Skidman, Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 47 d

10. Usual occupation Worked in Adew Store

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name William Robert Bagby
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Glass
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W R Bagby
(b) Address 205 E Linwood

17. (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Skidman, Mo.

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Manville, Mo.

19. (a) 6-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 injury) (c) Means of injury 2

23. Signature Garland DeShay (M. D. or other) DO.
Address 3739 Main Date signed 6-9-46

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marquill 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.