

FILED SEP 24 1947

State File No. _____

Registration District No. 204

Primary Registration District No. 3056

Registrar's No. 206

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Holder in formation

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
515 Fulton Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME James H. Bagby

3. (b) If veteran, name war. 3. (c) Social Security No. _____

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased June 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months ? Days ? If less than one day hr. _____ min. _____

9. Birthplace Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William Bagby

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Wisdom

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

16. (a) Informant Mrs Carl Davis

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Sept 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahar Saw

(b) Address Moberly Mo

19. (a) Sept 15-47 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 515 Fulton Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Aug 1 to Sept 6, 1947
that I last saw him alive on Sept 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 9/3/47

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 No. 9-9-47 (M. D. or other) _____

Address Moberly Date signed 9-9-47

RECEIVED
District Health Officer No. 10
District No. 17-1283
Date Filed SEP 23 1947

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly Ms

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.