

FILED SEP 13 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26087

Registration District No. 139

Primary Registration District No. 422

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lenard Rhea Bagby.

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

4. Sex Male 5. White race 6. (a) Single, widowed, divorced, divorced

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

7. Birth date of deceased April 19 1886.
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 12 If less than one day: _____ hr. _____ min.

9. Birthplace Warsaw Missouri.
(City, town, or county) (State or foreign country)
News paper & Publisher.

10. Usual occupation _____

11. Industry or business _____

12. Name Jacob Bagby.

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

14. Maiden name Emma Malone

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

16. (a) Informant Ruth Ann Watkins,

(b) Address Mo und City, Mo.

17. (a) Burial (b) Date thereof 9/4/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
Warsaw Missouri.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. H. Crawford
Mound City, Mo.

(b) Address _____

19. (a) Sept 24 48 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1948 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 27
1947 to Aug 31 1948
that I last saw him alive on Aug 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute dilatation
Right Ventricle
Due to Adherent Pericarditis

Due to Pulmonary
Tuberculosis (arrived)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 130

Duration _____
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 W. H. Crawford (M. D. or other) MD
Address Mound City, Mo Date signed 9-24-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Alan M. Lisbona

Registered Apprentice No. *48*

working under my personal supervision.

Signed.....

W. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Grand City 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.