

No. 300  
10-47  
5-17-39  
P 1 3986

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40005

FILED DEC 29 1948/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 5103

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Months  
(Specify whether  
In this community 4 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sedalia  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 234 Monteau  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mrs. Ida Bagby

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

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

6. (b) Name of husband or wife Julian H. Bagby 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 26, 1886  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 19  
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name William O. Dunlap

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

14. Maiden name Mary A. Dick

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

16. (a) Informant Mr. J. H. Bagby

(b) Address 234 Monteau Sedalia, Mo.

17. (a) Removal (b) Date thereof 12-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 GILLHAM PLAZA K.C., MO.

19. (a) 12-16-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15  
year 1948 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from Pathologist  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to carcinoma of breast metastatic to liver, lungs, and bone

Due to metastatic carcinoma of breast

Other conditions \_\_\_\_\_

Major findings: Of operations 50

Of autopsy found

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 E.C.H. Schmidt  
(M. D. or other) \_\_\_\_\_

Address St. Louis, Mo. Date signed 15 Dec 1948

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

MOTHER FATHER

MS JUL 1 1959

JUL 31 1959

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**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 Robert H. Reed

Licensed Embalmer No. 3245

P. O. Address. H. P. Ho

**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.**