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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40768

FILED DEC 27 1948

State File No. _____

Registration District No. 209

Primary Registration District No. 13043

Registrar's No. 395

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1609 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 month 7 days (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Dennis Badgely

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, Married

6. (b) Name of husband or wife Gladys Badley Badgely 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 27, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 8 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Abrhan Badgely

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellen Barnes

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

16. (a) Informant Lillie Mae McCullough

(b) Address 7716 A Vermont St. Louis 11 Mi

17. (a) Burial (b) Date thereof 12/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn, Barry Illinois

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

(b) Address 902 E. 2nd Barry Illinois

19. (a) Dec 22 48 (b) D. E. McLucke
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 979
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 19
year 1948 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 1st 1948 to Dec 19 1948
that I last saw him alive on Dec 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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) _____
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 [Signature] (M.D. or other) _____
Address Hannibal Mo Date signed 12/21/48

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.....

..... This body was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3814.....

P. O. Address..... Hannibal Missouri.....

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.