

No. 2  
-13-40  
17-39  
X23159

STANDARD CERTIFICATE OF DEATH

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

FILED SEP 25 1940

Registration District No. \_\_\_\_\_

732 Primary Registration District No. \_\_\_\_\_ 5966

Registrar's No. 732

1. PLACE OF DEATH:

(a) County Moniteau Randolph  
(b) City or town Rural Moniteau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Higbee Mo R.F.D. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WALTER H. BAGBY 210

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Catherine Bagby 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 19 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Owen H. Bagby  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Eger  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl H. Bagby  
(b) Address Higbee, Mo

17. (a) Burial (b) Date thereof Aug 4, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bagby Cemetery

18. (a) Signature of funeral director John B. Patton  
(b) Address Centerville, Mo

19. (a) Aug-8-1940 (b) J. W. Wimmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1940 hour 03 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1 to Aug 2, 1940  
that I last saw him alive on Aug 1 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease  
Failure

Due to Bacterial Pneumonia Duration several days.

Due to \_\_\_\_\_  
Other conditions 1974  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. D. McQuinn  
Address Higbee, Mo Date signed 8-10-40

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1796

Date Filed SEP. 18 1940

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.....

*Paul J. Patton*

Licensed Embalmer No. 4095

P. O. Address Hunterville, 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.