

12-10-40
17-10-40
X23155

Registration District No. 470

Primary Registration District No. 5640

Registrar's No. 157c

1. PLACE OF DEATH:

(a) County Lawrence, Mo.

(b) City or town Merion R.D. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all its life years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence Co

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

(d) Street No. X (If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME James Norwood Bagby

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1940 hour about 10 minute - P. M.

21. I hereby certify that I attended the deceased from after
death, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased: Oct 7th 1940
(Month) (Day) (Year)

8. AGE: Years X Months 7 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Asphyxiation

Due to Foreign means not definitely known

Due to _____

Other conditions (include pregnancy within 3 months of death) 11 5

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

10. Usual occupation at home

11. Industry or business X

12. Name Ferman Bagby

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

14. Maiden name Georgia Headlock

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

Major findings: Of operations 11 5

Of autopsy 11 5

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ferman Bagby

(b) Address Merion Mo

17. (a) Burial (b) Date thereof Dec 12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missiner Cemetery

18. (a) Signature of funeral director Geo B Orr

(b) Address Merion Mo

19. (a) 12-12-1940 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) not known

(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? 421

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Ferman Burridge (M. D. or other) 5

Address Merion Mo Date signed 12/12/40

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

RECEIVED

District Health Officer No. 6,

District File Number 141-70

Date Filed JAN 9 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.