

MAR 19 1941

Registration District No. 721

Primary Registration District No. 5952

Registrar's No.

1. PLACE OF DEATH:

- (a) County Putnam  
(b) City or town Unionville Mo.  
(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 (Specify whether  
In this community.

years, months or days)

8. (a) PRINT FULL NAME Charles Cicero Baggett

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

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

6. (b) Name of husband or wife Mary Baggett 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased March 21 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Cicero Baggett

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

14. Maiden name Marquett Wickless

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

16. (a) Informant Mrs. Mary Baggett

- (b) Address Unionville Mo

17. (a) Burial (b) Date thereof Feb 5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Unionville Mo.

18. (a) Signature of funeral director J. D. Hartsell

- (b) Address Unionville Mo.

19. (a) Feb 7-1941 (b) John D. McKusley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Putnam  
(c) City or town Unionville Mo.  
(If outside city or town limits, write "RURAL")

- (d) Street No. 0 (If rural, give location)

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

- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 13 Nov. 1941, to Jan 26 1941

- that I last saw him alive on Jan 26 1941

- and that death occurred on the date and hour stated above.

- Immediate cause of death Valvular disease coronary arteriosclerosis hypertension Duration 12 yrs

- Due to

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy No

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)

- (e) Means of injury

23. Signature H. W. Hellsen (M. D. or other) Do

- Address Unionville Mo Date signed Feb 3

RECEIVED

District Health Officer No. 10

District File Number 3-41-497

Date Filed MAR 8 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

*Muel E. Hensley*

Licensed Embalmer No. 3284

P. O. Address

Unionville, N.C.

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, above space should be left blank.