DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

Registration District No. 259

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10534

Primary Registration District No. 5359

Registrar's No.

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Rural

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution DeKalb Co. Home

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

(d) Length of stay: In hospital or institution

In this community 12 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. Maysville

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rosetta G. Bagley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lon Bagley

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

7. Birth date of deceased May (Month) 16 (Day) 1863 (Year)

8. AGE: Years 75 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Robert Carmin

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

14. Maiden name Nancy Woods

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

16. (a) Informant's own signature Raymond Bagley

(b) Address R. F. D. Maysville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Maysville

18. (a) Signature of funeral director Tucker-Tumbleson Home

(b) Address Maysville Mo

19. (a) 4-9-41 (Date received by local registrar) (b) Ethel K Bowen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5

year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 21, 1940, to MAR. 5, 1941; that I last saw her alive on MAR. 5, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BILATERAL HYPOSTATIC BRONCHOPNEUMONIA	36 HRS
Due to CEREBRAL THROMBOSIS	3 DAYS
Due to GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION	UNDET.
Other conditions MITRAL STENOSIS; SENILITY (Include pregnancy within 3 months of death)	UNDET

Major findings:
Of operations

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature John M. Cooper M.D. (M. D. or other)

Address Maysville, Mo Date signed 3-31-41

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 x19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 3960

P. O. Address Marquette 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, above space should be left blank.