

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10834**

Registration District No. **384**

Primary Registration District No. **4227**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **West Plains**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Corner Maple and Cherry Streets**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No**
(Specify whether
In this community **7 years**
years, months or days)

3. (a) PRINT FULL NAME **GEORGE LEROY BAGLEY**

8. (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 **Opal Rairigh Bagley** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **August 3, 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **7** Days **29** If less than one day
hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business **Retired 10 months ago.**

MOTHER FATHER { 12. Name **Wm. Leroy Bagley**
13. Birthplace **Detroit, Mich.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellz. H. Dow**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Opal Bagley**
(b) Address **West Plains, Mo.**

17. (a) **Burial** (b) Date thereof **4-4-41**
(Burial, cremation, or removal) **Oak Lawn Cem.** (Month) (Day) (Year)
(c) Place: burial or cremation **West Plains, Mo.**

18. (a) Signature of funeral director **Hal Thornburgh**
(b) Address **West Plains, Mo.**

19. (a) **4-3-41** (b) **Vida W. SIMONS**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**
(c) City or town **West Plains,**
(If outside city or town limits, write "RURAL")
(d) Street No. **Corner Cherry & Maple Streets**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**
year **1941** hour **4:** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 28**, 1941, to **April 2**, 1941;
that I last saw him alive on **March 28**, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver,** Duration **?**
Complicated with Myocarditis, **?**
chronic. Bronchiectis, chronic **?**

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**

Of autopsy **None**

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) **1**
(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? **344**

(Specify type of place) While at work? **at** (e) Means of injury **at**
23. Signature **A. H. Thornburgh, M. D.** (M. D. **4/3/41**)
Address **West Plains, Mo.** Date signed _____

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 _____

Hal Thompson

Licensed Embalmer No. _____

3408

P. O. Address _____

West Plains

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.