

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38713

State File No.

Registrar's No.

DEC 23 1941

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(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 life (Specify whether)
In this community life
years, months or days

3. (a) PRINT FULL NAME Judith Katherine Bagby

3. (b) If veteran, name war. 3. (c) Social Security No. old age ass 38-473

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

6. (b) Name of husband or wife Jesse M. Bagby 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Jan. 8. 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 17 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John W. Irwin

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

14. Maiden name Elizabeth J. Holmes

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

16. (a) Informant W. W. Bagby

(b) Address Lewistown Missouri

17. (a) Burial (b) Date thereof Nov. 27. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown. Missouri

18. (a) Signature of funeral director James A. Fisher

(b) Address Lewistown. Missouri

19. (a) Nov 27, 1941 (b) P. W. Jennings, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Lewistown
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1941 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 8/20 to Nov 25 1941;
that I last saw her alive on Nov 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal disease 8/20/41

Due to

Due to

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

Major findings:
Of operations

Of autopsy No. 1310

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) 2
(e) Means of injury

23. Signature Harry J. McBracken (or other) 20

Address La Salle Date signed Nov 26, 41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2227

Date Filed DEC 18 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 _____

JAMES A. Coder, Jr., Registered Apprentice No. 298,
working under my personal supervision.

Signed

James A. Coder

Licensed Embalmer No. 2532

P. O. Address Lewistown, 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.