DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1784

Primary Registration District No. 3007

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Enroute-to-Hospital-
(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 years, months or days)
In this community: several years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley

(c) City or town: Doniphan
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: B. H. Bagwill

3. (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: Holsie Bagwill

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: July 13, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	5	13	____ hr. ____ min.

9. Birthplace: Jackson County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: Auctioneer

11. Industry or business: self

FATHER
12. Name: Miles Bagwill
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mollie Ridge
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Holsie Bagwill

(b) Address: Doniphan, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation: New Hope Cemetery

18. (a) Signature of funeral director: Greer - Croy

(b) Address: Poplar Bluff, Mo.

19. (a) 1-14-42 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1942 hour 6:00 minute 30 a. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Automobile accident on highway 14, about 4 miles east of Ripley County Line: Collided with truck

Due to: loaded with cedar posts. Injuries: left chest crushed, sternum bone and

Due to: ribs. Left cladisle crushed and many bones broken and dislocated.

Other conditions: No operation, no
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 170C-4

Of autopsy: No Autopsy 22

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): Accident 0120

(b) Date of occurrence: January 14, 1942

(c) Where did injury occur? On Highway 14 Butler, (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway (Specify type of place)

While at work? no (e) Means of injury: Auto accident

23. Signature: Alfred M. Green (M. D. Coroner)

Address: Poplar Bluff Mo Date signed: 1-14-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-122
Date Filed 1-27-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, fact should be so stated above.

S. No. 2B
I—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1784

Registration District No. 89 Primary Registration District No. 3007 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: B. H. Bagwell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 13 (Day) 1892 (Year)

8. AGE: Years 50 Months 5 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-14-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY