

FILED FEB 18 1942

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 3

1. PLACE OF DEATH: Howard,  
(a) County Fayette, Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lee Hospital, Fayette, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community years, months or days) years

8. (a) PRINT FULL NAME Lizzie Birch Bagby.

3. (b) If veteran, name war 8. (c) Social Security No.

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Robert M. Bagby, 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 15 1864 (Month) (Day) (Year)

8. AGE: 77 Years Months 8 Days If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name John W. Viley, 1

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

14. Maiden name Elizabeth Stuck, 1

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

16. (a) Informant Robert M. Bagby.

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 1-4th 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary.

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 1-12-42 (b) Anna C. Tindall (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 45  
(a) State Missouri, (b) County Howard  
(c) City or town Fayette, (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. years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1942 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, to Jan 9, 1942.

that I last saw her alive on Jan 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Distention of Heart

Due to Acute Nephritis

Due to

Other conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 W. Bloom (M. D. or other) M.D.

Address Fayette, Mo. Date signed 1-13-42

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Filed 2-16-42

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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. 2966

P. O. Address Jayette 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.