

FILED JUL 3 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2394

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3801 Walnut Street
(d) Length of stay: In hospital or institution 20 Years
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3801 Walnut Street
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Eliza Bagnell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced, or married widowed
6. (b) Name of husband or wife Frank E. Bagnell 6. (c) Age of husband or wife if alive 2 years 1857
7. Birth date of deceased September 2 (Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name Jacob Simons
13. Birthplace Allentown Pennsylvania
14. Maiden name Mary K. Agrice
15. Birthplace Allentown Pennsylvania

16. (a) Informant Mrs. Pat Patterson
(b) Address 3801 Walnut Street

17. (a) Cremation (b) Date thereof June 22, 1942
(c) Place: burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer
(b) Address 1401 Erush Creek Blvd.
19. (a) 6-22-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1942 hour 7 minute 18 A.M.

21. I hereby certify that I attended the deceased from April 30, 1942 to June 19, 1942 that I last saw her alive on June 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 7 weeks
Due to Unknown except
Due to arteriosclerosis
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations X
Of autopsy None
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Dr. Frank Elmer (M. D. or other) DO
Address 4316 89th St. KC Mo. Date signed 6-20-42

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

Dr. Frank Day
4316 E. 9th
130-6

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.....

Emile W. Calhoun

Licensed Embalmer No. *3506*

P. O. Address..... *150 W.*

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.