

FILED JUL 23 1942
Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 346

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Station M.K.T. Track 3
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Claude C. Bagley

3. (b) If veteran, name war no 3. (c) Social Security No. 702-10-2623

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Rose 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 28 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Man

11. Industry or business _____

12. Name J. H. Bagley
13. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Laurence

15. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. E. Bagley
(b) Address Mokane, Mo

17. (a) Burial (b) Date thereof June 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mokane, Mo.

18. (a) Signature of funeral director Glenn Maurer

(b) Address Fullon, Mo.

19. (a) June 26, 1942 (b) Clarence J. Wessler (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14
(c) City or town Mokane (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1942 hour _____ minute 5:45 P.M.

21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above
Duration _____
Immediate cause of death _____

Coronary occlusion
Due to sudden death
Due to Sen Arterio Sclerosis

Other conditions _____
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Fred Schuch (M. D. or other) 26
Address St. Charles, Mo. Date signed 6/24/42

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.....

Licensed Embalmer No. 3145

P. O. Address St Charles 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.