

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27542**
Registration District No. **49**
Registrar's No. **49**

FILED SEP 1 1942
Registration District No. **3035**

Primary Registration District No. **3035**

1. PLACE OF DEATH

(a) County **Lafayette**
(b) City or town **Lafayette**
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: **city**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 yrs.**
(Specify whether years, months or days)
In this community **50 yrs.**

3. (a) PRINT FULL NAME **Susie Anne Bagnell**

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

4. Sex **Fe 1** 5. Color or race **W** 6. (a) Single, widowed, married, **2 divorced widow**

6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Oct. 5 1982**
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **17** If less than one day hr. min.

9. Birthplace **Ark. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Geo. Hurstman**
13. Birthplace **W. Va. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Barley Kennedy**
15. Birthplace **Ark. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Brooks**
(b) Address **Lafayette, Mo.**

17. (a) **Burial** (b) Date thereof **Aug 19 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lafayette, Mo.**

18. (a) Signature of funeral director **Winkler**
(b) Address **Lafayette, Mo.**

19. (a) **8-26-42** (b) **W. H. Schwab**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lafayette**
(c) City or town **Lafayette**
(If outside city or town limits, write "RURAL")
(d) Street No. **city**
(If rural, give location)
(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **19**
year **1942** hour **7** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Aug 17 1942**
to **Aug 17 1942**
that I last saw him alive on **Aug 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of**
Cervix

Due to **—**

Due to **—**

Other conditions **48a**
(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?

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

23. Signature **Geo. Brooks** (M. D. or other)
Address **Lafayette, Mo.** Date signed **8/25/42**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-27-42

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

Garrett A. Rempel

Licensed Embalmer No. 3275-

P. O. Address *Livingston, 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.