

FILED DEC 8 1942

Registration District No. 42

Primary Registration District No. 5141

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fagus
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Fagus
(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 Ellen Bagwell

3. (b) If veteran, name war _____ 3. (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 Alex Bagwell 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 8, 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name C. A. Hammons
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Ida Myr Kinder
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Bagwell

(b) Address Fagus, Missouri

17. (a) Burial (b) Date thereof 11-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Floyd Russell

(b) Address Piggott, Arkansas

19. (a) 11-24-42 (b) Belle Kinne
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1942 hour 3:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to Acute indigestion

Due to Alcoholism

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? _____

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

23. Signature Alfred McQueen Coroner 5
(M. D. or other) _____

Address Pafford Bluff, Mo Date signed 11/20-42

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

12
00

12
00

RECEIVED

District Health Office No. 2

District File Number 1242-1536

Date Filed 12-7-42

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.....

Not embalmed.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.