

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14248

State File No. _____

FILED MAY 1 1943
Registration District No. 5438

Primary Registration District No. 5438

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bern. Brush Creek
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 1 year 6 months

3. (a) PRINT FULL NAME Laura Bagby

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

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

7. Birth date of deceased Oct. 27, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 14 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Julius Hulbert

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

14. Maiden name Mary Hartman

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

16. (a) Informant Jessie Kreller

(b) Address Bedensville R# R3.

17. (a) Burial (b) Date thereof April 13, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jessie Mo.

18. (a) Signature of funeral director E. J. Semone

(b) Address Beaufort Mo.

19. (a) 4-12-43 (b) Myrtle M. Winkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade

(c) City or town Bern. Mo.
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 30, 1943 to April 11, 1943
that I last saw her alive on 4-10 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, Subacute
Duration 3-30-43

Due to _____

Due to _____

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 Charles A. Smith

Address Bern. Mo. Date signed 4-11-43

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 _____

E. H. Temme

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

E. H. Temme

Licensed Embalmer No. _____

3076

P. O. Address _____

Beaufort Me.

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.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14248
Registrar's No. 36

Registration District No. 118

Primary Registration District No. 5438

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Bern
(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) 1 1/2 yrs

3. (a) PRINT
FULL NAME

Laura Bagby

3. (b) If veteran, name war _____

3. (c) Social Security
No. _____

4. Sex _____ 5. Color or race _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 62 Months 5 Days 5 If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Gasconade
(c) City or town Bern
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to hepatic-subacute influenza
Due to _____

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) (d) Means of injury _____

23. Signature Charles A. [Signature] (M. D. or other) _____
Address Grand [Signature] Date signed 2-26-43

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

SUPPLEMENTARY

5-14248