

FILED JUL 7 1943 32

Registration District No. \_\_\_\_\_

Primary Registration District No. **5114**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Bollinger**  
(b) City or town **Rural Wayne**  
(If outside city or town limits, write "RURAL" and name township)  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **None**  
In this community **59 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Near Advance, Mo**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**  
year **1943** hour **12** minute **52 P.M.**  
21. I hereby certify that I attended the deceased from **1931** to **May 28** 19 **43**  
and that death occurred on the date and hour stated above

that I last saw him alive on **May 28** 19 **43**  
Immediate cause of death **Foot Infection**

Due to **Bed sores of heel**

Due to **Chronic Endocarditis**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **92d**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature **E. O. Master** (M. D. or other) **MD**  
Address **Advance, Mo.** Date signed **4/17/43**

3. (a) PRINT FULL NAME **Charles Edward Bagbey**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sophronia Bagbey** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **May 11 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>0</b>	<b>17</b>	hr. _____ min. _____

9. Birthplace **Warrens Co. Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Taxman**

11. Industry or business \_\_\_\_\_

12. Name **Marshall Bagbey**

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

14. Maiden name **Katherine Bagbey**

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

16. (a) Informant **Mrs. Sophronia Bagbey**

(b) Address **Advance, Mo.**

17. (a) **Burial** (b) Date thereof **May 31 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Admire, Mo.**

(b) Address **Advance, Mo.**

19. (a) **6/15/43** (b) **Mrs. Geneva Graham**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4  
District File Number 743-23  
Date Filed 7-6-43

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.....

Lloyd S. Morgan....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lloyd S. Morgan  
Licensed Embalmer No. 3361  
P. O. Address Advance, Md.

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.