

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7763

Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 210
(b) Township Lindley Primary Registration District No. 5769 Registered No. 16
(c) City Near Pleasant (d) Street No. 1 St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Peter Bagley
(a) Residence, No. Mercer County Missouri St. 1 (If nonresident, give city or town and State) 1
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 9

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan A. Bagley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/4/1861

7. AGE YEARS 82 MONTHS 2 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Cainsville (STATE OR COUNTRY) Missouri

13. NAME Peter Bagley
14. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Ann Burgis
16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY)

17. INFORMANT E. M. Bagley (ADDRESS) Mercer Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Cemetery 2/3/44

19. FUNERAL DIRECTOR (NAME) Frank S. Stewart (ADDRESS)

20. FILED 2-4 1949 Ivan Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1944

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1943 to Feb 1 1944

I last saw him alive on Jan 29 1944 Death is said to have occurred on the date stated above, at 5-9 a.m.

The principal cause of death and related causes of importance were as follows:

Cystitis. Urinary
infirmities due to
old age

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased _____

If so, specify _____

(Signed) C. E. Loyd M.D. M. D.

(Address) Levell

(Embalmer's Statement on Reverse Side)

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 Frank S. Stewart

Licensed Embalmer No. 3756

P. O. Address Leon Iowa

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.