

FILED SEP 9 1944
128

Registration District No. _____ Primary Registration District No. 2000

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

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1823 N. CAMPBELL AVE.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether)
 In this community 55 YR.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1823 N. Campbell Ave.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN W. BAGLEY.
 3. (b) If veteran, NONE name war
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 18
 year 1944 hour 8 minute 55 A.M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife. UNK.
 6. (c) Age of husband or wife if alive. See years
 7. Birth date of deceased. JANUARY 16, 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-15 1944 to 8-18 1944
 that I last saw him alive on 8-15 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	7	2	hr. min.

Immediate cause of death: Arterial Sclerosis
 Duration 6 mo

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

10. Usual occupation Retired Farming

11. Industry or business Farming

MOTHER FATHER {
 12. Name unknown
 13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Tucker Bagley

(b) Address Springfield Mo.

17. (a) Burial, cremation, or removal. Burial
 (b) Date thereof Aug 22-44
 (Month) (Day) (Year)

(c) Place: burial or cremation. Welch Cemetery

18. (a) Signature of funeral director J. W. Ringner

(b) Address Springfield Mo.

19. (a) 8-21-44 (b) Dr. W. H. Handley
 (Date received local registrar) (Registrar's Signature)

Due to _____

Due to _____

Other conditions. 13/10
 (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)

23. Signature Max J. [Signature] (M. D. or other) MD

Address Springfield, Mo. Date signed 8-19-44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

SEP 28 1944

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..... *J. Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.

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