S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39971

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4894

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 0 (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 47
(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5252 Sunset Drive 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Wallace Colt Bagley

3. (b) If veteran, name war no.

3. (c) Social Security No. 495-10-9102

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife unknown,

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased December (Month) 2 (Day) 1880 (Year)

8. AGE: Years 64 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Wisconsin (City, town, or county) 1 (State or foreign country)

10. Usual occupation Grain Merchant

11. Industry or business x

FATHER
12. Name Herman Bagley
13. Birthplace New Haven (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Annie Hennessy
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Lonsdale,
(b) Address 5252 Sunset Drive, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec 5, 1944 (Date received local registrar) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1944 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 17, 44 to Dec. 4, 1944 that I last saw him alive on Dec. 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Coronary Sclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. P. Boughman M.D. (M.D. or other)
Address K. C. 2 Mo. Date signed 12/5/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Boughnow MED PLAZA Bldg.

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.....

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.