

FILED JAN 10 1945  
 128

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

Primary Registration District No. 2000

Registrar's No. 932

1. PLACE OF DEATH:

(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 1922 N. MISSOURI  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 53 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1922 N. Missouri (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FREDRICK CECIL BAGBY

3. (b) If veteran, name war NAVY PEACE TIME 3. (c) Social Security No. 497-24-8978

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUDREY E. BAGBY 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased DEC. 30, 1890  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Mechanic

11. Industry or business Auto Garage

12. Name James H. Bagby

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

14. Maiden name Emma Lee

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

16. (a) Informant Mrs. Audrey Bagby

(b) Address 1922 N. Missouri Springfield Mo.

17. (a) Burial (b) Date thereof Dec 19 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Green Lawn

18. (a) Signature of funeral director F.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 12-18-44 (b) W. M. Sanderly  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 10:30 1944 to 12/17/44 1944  
 that I last saw him alive on 12/17/44 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Patulous Heart Lesion  
Cardiac Catharsis  
 Duration 3 mos

Due to Cardiac Catharsis

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 210

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) \_\_\_\_\_  
 Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? Living Room  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none (Specify type of place) (a) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature W. Freeman (M. D. or other) \_\_\_\_\_  
 Address Springfield Date signed 12/18/44

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

MOTHER FATHER

JAN 12 1945

---

---

**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. O. Klingner*  
Licensed Embalmer No. *3358*  
P. O. Address..... *Springfield, Mo.*

**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.**