

FILED JAN 23 1945

Registration District No. **2-9-1**

Primary Registration District No. **3048**

Registrar's No. **198**

1. PLACE OF DEATH:

(a) County **Nodaway**
 (b) City or town **Marionville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Madison Landfather D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
 (Specify whether
 In this community **Most all his life**
 years, months or days)

3. (a) PRINT FULL NAME

E. Elizabeth Bagby

3. (b) If veteran,
 name war

3. (c) Social Security
 No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Alexander W. Bagby Deceased** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **July - 29 - 1863**
 (Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **17** If less than one day hr. min.

9. Birthplace **Camden** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation **House Keeper**

11. Industry or business

12. Name **James Wood**
 13. Birthplace **Nashville** (City, town, or county) **Tenn** (State or foreign country)
 14. Maiden name **Margaret M. Carley**
 15. Birthplace **Nodaway Co.** (City, town, or county) **Missouri** (State or foreign country)

16. (a) Informant **E. G. Bagby**

(b) Address **603 N. 1st Marionville**

17. (a) **Burial** (b) Date thereof **12-18-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Groves Cemetery, Marionville**

18. (a) Signature of funeral director **Carroll Funeral Home**

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

19. (a) **Dec. 21 1944** (b) **Chesley Barker**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** 74
 (c) City or town **Marionville** 72
 (If outside city or town limits, write "RURAL")
 (d) Street No. **410 West 3rd**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **N**
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **16**
 year **1944** hour **1** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **Jan. 13** 19**43** to **Dec. 16** 19**44**
 that I last saw her alive on **Dec. 15** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular, Renal disease** 5 yrs.
 Duration

Due to **1310**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (c) Means of injury **2**

23. Signature **U. L. Landfather** (M. D. or other) **DO**
 Address **Marionville Mo.** Date signed **12-19-44**

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

4-1-2

1549

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Maryville Va*

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.