

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 18 1945 STANDARD CERTIFICATE OF DEATH

30710

State File No. _____

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 47 years in Barton County
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Barton 6
(a) State (b) County
(c) City or town Irwin (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT CHARLES EDWIN BAGGS
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Ann Baggs 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May 10 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Baggs
13. Birthplace Mass.
(City, town or county) (State or foreign country)
14. Maiden name Amelia Eagle
15. Birthplace Carthage, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah A. Baggs
(b) Address Irwin, Missouri
17. (a) Burial (b) Date thereof Aug. 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KONANTZ FUNERAL HOME
18. (a) Signature of funeral director Lamar, Missouri
(b) Address Lake Cemetery, Lamar, Missouri
19. (a) Aug. 25 '45 (b) E. Elizabeth Corple
(Date required local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1945 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 21
1945 to Aug 22 1945;
that I last saw h. see alive on Aug 22 1945
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Peritonitis 3 Days
Due to _____
Due to Bovels of obstruction
from manipulated
hernia
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) NO
(b) Date of occurrence NO
(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? no (Specify type of place) (e) Means of injury 0
23. Signature Dr. Guelder (M. D. or other) _____
Address Lamar Date signed Aug 22 45

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

45-8-714

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 Earl F. Monahan
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.