

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 944

1. PLACE OF DEATH:

(a) County Greene  
Springfield

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 414 East High  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 414 East High  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Harry Bagby

3. (b) If veteran, No. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1945 hour \_\_\_\_\_ minute 1;15 A.M.

4. Sex Male 5. Color of 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 Dec. years

7. Birth date of deceased May 22, 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 15 1945 to Nov. 17 1945 that I last saw him alive on Nov. 16 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death: Myocardial insufficiency 3 mo. Chr. Cardio-vascular dis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Howard Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions: gangrene of foot 3 wks  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired R.R. Brakeman

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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

11. Industry or business R. R.

12. Name John W. Bagby

13. Birthplace Glasgow Missouri

14. Maiden name Elizabeth Terrill

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

16. (a) Informant Jim Merrill

(b) Address 414 E. High, Spfld. Mo.

17. (a) Burial (b) Date thereof 11-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

(b) Address Springfield, Mo.

19. (a) 11-18-45 (b) W. W. Handley  
(Date received local registrar) (Registrar's signature)

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Arthur Knight (M. D. or other) did  
Address 501 1/2 S. Canal Date signed 11-17-45

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

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**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..... *W. Jay Rhodes*.....

Licensed Embalmer No..... *4274*.....

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.

X