

FILED DEC 29 1945

Registration District No. **245**

Primary Registration District No. **4443**

Registrar's No. **37**

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

1. PLACE OF DEATH:

(a) County **Randolph**
 (b) City or town **Huntsville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph** **88**
 (c) City or town **Huntsville** **/**
(If outside city or town limits, write "RURAL") **6**
 (d) Street No. _____ **0**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Julia May Bagby**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 25 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	5	13	hr. _____ min. _____

9. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Tom Blake**

13. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Bagby**
 (b) Address **Huntsville, Missouri**

17. (a) **burial** (b) Date thereof **11/11/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **11-30-1945** (b) **Mrs. D.A. Barnhart**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **7**
 year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 25**
 19 **45** to **Oct 7** 19 **45**
 that I last saw her alive on **Oct 5** 19 **45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
 Due to **Chronic Nephritis**

Due to _____
 Other conditions **chronic**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **1318**

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 **J. H. Johnston** (M. D. or other) **Ed**
 Address **322 1/2 E. Reed Way** Date signed **11/12/45**

Duration **Several Months**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-45-1916

Date Filed DEC 20 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.