S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20881

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 108 E. Cofield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 108 E. Cofield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM LESLIE MERLIN BAGBY

3. (b) If veteran, name war ---- 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 Olive Belle 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 29, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	22	hr. min.

9. Birthplace St. Clair, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Filling Station Operator

FATHER
12. Name Richard S. Bagby
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma I. Terry
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Dagby
(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof June 23 '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director King Funeral Home
(b) Address Aurora, Mo.

19. (a) June 22 46 (b) Ora McNatt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1946 hour 5:40 minute AM M.

21. I hereby certify that I attended the deceased from June 20 1946, to June 21 1946;
that I last saw him alive on June 20 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Coronary Sclerosis	5 years
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. P. Copeland M.D. (M. D. or other)
Address Aurora, Mo Date signed 6-21-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 746-718
Date Filed JUL 8 1946

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 K. Lynn White

Licensed Embalmer No. 4240

P. O. Address Aurora, 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.