

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 11 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1903

Registration District No. 237

Primary Registration District No. 5825

Registrar's No. 80

1. PLACE OF DEATH: New Madrid
 (a) County New Madrid
 (b) City or town Javalle Mo. (Columbia)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Javalle Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi S.E. of Javalle
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME ROBERT T. BAGLEY JR.
 8. (b) If veteran, name war ✓
 8. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 10
 year 47 hour 10 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Jan 9
1947, to Jan 10, 1947
 that I last saw him alive on Jan 9
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color of White
 6. (a) Single, widowed, married, divorced Child
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Jan 9 1947
 (Month) (Day) (Year)
 8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Acute Cerebral hemorrhage during birth
 Duration _____
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 1640

9. Birthplace Javalle Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name Robert Bagley
 13. Birthplace S.T. Joe Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Wesley Dask
 15. Birthplace Welsh Louisiana
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Robert Bagley
 (b) Address Javalle, Mo
 17. (a) Burial (b) Date thereof Jan 10-47
 (Burial, cremation, or inhumation) (Month) (Day) (Year)
 (c) Place: burial or cremation Parma Cemetery
 18. (a) Signature of funeral director William J. H. H.
 (b) Address Parma Mo
 19. (a) 1-10-47 (b) Dr. Geo W. Husted
 (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 Dr. Geo W. Husted (M. D. or other) _____
 Address Parma Mo Date signed 1/14/47

RECEIVED

Health Office No. 2

District File Number 247-172

Date Filed 2-7-47

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 Lynnan' Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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, above space should be left blank.