

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 12 1947

Registration District No. 167

Primary Registration District No. 4263

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Ray, ex novelty
(b) City or town novelty
(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)
In this community 74 yrs years, months or days

3. (a) PRINT FULL NAME

George Alfred Bagg

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

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married. 2 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased get 22-1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 29 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lafe Bagg
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name Sarah Schum
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant E. R. Gask
(b) Address Novelty MO

17. (a) Burial (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lallata

18. (a) Signature of funeral director D. Schuster

(b) Address Lallata MO

19. (a) Feb-26-47 (b) Will S. Nunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
(c) City or town Novelty (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1947 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from Feb 21 A.M. 1947 to Feb 21 P.M. 1947 that I last saw him alive on Feb 21 P.M. 1947 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to unable to state, as I had not seen him before
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 L

23. Signature E. O. Holmes (M. D. or other) DD
Address Novelty MO Date signed 2-23-47

Duration

Feb 21

1947

A.M.

6

Feb 21

1947

P.M.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 10
MAR 1 1947
3-47-406

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 D. S. Christie
Licensed Embalmer No. 1109
P. O. Address La Plata 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.