

S. No. 2
M-8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947
Registration District No. 59

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8245

Primary Registration District No. 4098

Registrar's No. 53

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Belton
(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 1 year 1 month
years, months or days)

3. (a) PRINT FULL NAME THEODORE BAGSHAW
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah E. Bagshaw
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 4, 1847
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
99 5 24 hr. min.

9. Birthplace Washington Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Edward Bagshaw
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Bagshaw
(b) Address Belton, Mo.

17. (a) Removal (b) Date thereof Mar. 29, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director E. K. Simpson

(b) Address Belton, Mo.

19. (a) April 1, 1947 (b) R. M. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Belton
(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 Mar day 28
year 1947 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from April 17, 1946
to Mar 28, 1947.
that I last saw him alive on Mar 21, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Due to Arrhythmia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. M. Jones (M. D. or other)
Address Belton, Mo. Date signed Mar 29, 1947

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 Richard E. Gause

Licensed Embalmer No. 3958

P. O. Address Bella, 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.