. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24070

FILED AUG 7 1947

Registration District No. 1 Primary Registration District No. 1002 Registrar's No. 3089

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1001 E. 11th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 14 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 E. 11th St 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA LEE BAGBY
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife HERBERT BAGBY
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH 27 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 26 If less than one day hr. min.

9. Birthplace DECATURVILLE, TENN. 1
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name ANDREW J. BLACKBURN
13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY JAN WHITE
15. Birthplace TENNESSEE 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary M. Lincoln
(b) Address 1001 East 11th Street
17. (a) Removal (b) Date thereof 7-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation RIPLEY TENNESSEE
18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 7-23-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23rd
year 1947 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Sept, 1945, to July 23, 1947
that I last saw her alive on July 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	3 mos.
Due to Hypertension	5 years
Due to Cerebral arteriosclerosis	5 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83.5
Of autopsy

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert Shuey (M. D. or other) M.D.
Address 3903 Brooklyn Date signed 7-23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3903 Brooklyn.

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. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.