

UNITED STATES DEPARTMENT OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

Registration District No. **18479**

Primary Registration District No. **1002**

Registrar's No. **4956**

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:  
**2302 Agnes**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **62 yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2302 Agnes**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **(1)**

3. (a) PRINT FULL NAME **Henry Earl Bagsby**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-09-7804**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Maglon Bagsby** 6. (c) Age of husband or wife if alive **558** years  
 7. Birth date of deceased **Jan. 2, 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>10</b>	<b>21</b>	hr. min.

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

10. Usual occupation **Fur Cleaner**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Maglon Bagsby**

(b) Address **2302 Agnes Avenue**

17. (a) **Burial** (b) Date thereof **11/28/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **J. H. ...**

(b) Address **1729 Lyndal Ave**

19. (a) **11-26-47** (b) **Alfredine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23** 1947  
 year 1947 hour **4:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 10** 19**47** to **Nov 23** 19**47**  
 that I last saw him alive on **Nov 23** 19**47**  
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Toxemia**  
**Carcinoma of the stomach**

Due to **no**  
 (Include pregnancy within 3 months of death)

Other conditions

Major findings: **40 lb**  
 Of operations

Of autopsy

PHYSICIAN

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 **0**

23. Signature **A. Salapius** (M. D. or other)  
 Address **721 Bialto Bldg** Date signed **11/26/47**

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

MOTHER FATHER

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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 \_\_\_\_\_

*J. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2505 Highland

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.