

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5373

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 1019 Garfield  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 3 years  
 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. 1019 Garfield  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eura Bagsby  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 29  
 year 1948 hour 9 minute 45 A.M.

4. Sex Female 5. Color or race Col.  
 6. (b) Name of husband or wife unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 24 1906  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27  
Dec 27 1948 to Dec 29 1948  
 that I last saw her alive on Dec 27 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 1 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary occlusion  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace McClinton Co. Texas  
 (City, town, or county) (State or foreign country)

Other conditions Influenza  
 (Include pregnancy within 3 months of death)  
 Major findings: Of operations 3.3.5  
 Of autopsy Wool

10. Usual occupation House wife

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name John McCall  
 13. Birthplace Dallas Texas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name W. Williams  
 15. Birthplace Dallas Texas  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Sarah Edwards, sister  
 (b) Address 1013 Garfield  
 17. (a) Removal (b) Date thereof Jan. 4, 1949  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Nash, Texas  
 18. (a) Signature of funeral director Adkins Bros.  
 (b) Address 2000 E. 12th St. K.C. Mo.  
 19. (a) 12-31-48 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

23. Signature Wm. H. Dyer Wm. H. Dyer  
 Address Kansas City, Kans. (M. D. or other)  
 Date signed \_\_\_\_\_

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

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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 C. Kenneth Kerford

Licensed Embalmer No. 4437

P. O. Address.....

**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.**