

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13941**

FILED MAY 12 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **3300**

Registrar's No. **102**

1. PLACE OF DEATH:

(a) County **Adair**  
(b) City or town **Kirksville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Sumner Smith**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 days**  
In this community **all her life**  
years, months or days

3. (a) PRINT FULL NAME **JO ANNA BAGLEY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **DS**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 21 - 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**5 20** hr. min.

9. Birthplace **Kirksville Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Chas. Leslie Bagley**  
13. Birthplace **Burdin Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Wanda Vera Maclean**  
15. Birthplace **Kearns Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Leslie Bagley**  
(b) Address **Kirksville Mo**

17. (a) **Burial** (b) Date thereof **Apr 13 - 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burdin Mo**

18. (a) Signature of funeral director **Sumner Smith**  
(b) Address **Kirksville Mo**

19. (a) **4/12/44** (b) **Mr. J. Wagner**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**  
(c) City or town **Kirksville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **204 East Illinois Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11th**  
year **1944** hour **5** minute **05 P** M.

21. I hereby certify that I attended the deceased from **April 3, 1944** to **April 11th** 19 **44**  
that I last saw her alive on **April 11** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis** Duration **48 hrs**

Due to **ulcerative ileocolitis** **11 da**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **None**

Of autopsy **None**

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) **No**  
(b) Date of occurrence **No**  
(c) Where did injury occur? **XX**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**XXX**

While at work? **XX** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. Sanborn Smith** (M. D. or other)  
Address **E. Sanborn Smith, M. D.** Date signed **4/12/44**

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-258

Date Filed MAY 11 1944

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Turksville 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.