

FILED JUN 2 1949

Registration District No. 2

Primary Registration District No. 3011

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Carroll
 (b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home, 413 N. Monroe,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community all her life,
years, months or days)

3. (a) PRINT FULL NAME Rosalee Baggs,

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 Widowed

6. (b) Name of husband or wife J.W. Baggs, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23rd, 1867
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Leslie Twp. Carroll County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife,

11. Industry or business _____

12. Name George Elliott,

13. Birthplace dont know
(City, town, or county) (State or foreign country)

14. Maiden name dont know

15. Birthplace dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Baggs, Bogard, Mo.

(b) Address _____

17. (a) Burial ~~ON~~ (b) Date thereof 5/29/1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill, Carrollton, Mo.

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri,

19. (a) 5/31/49 (b) Mr. Herbert Carter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll / ?
 (c) City or town Carrollton
(If outside city or town limits, write "RURAL")
 (d) Street No. 413 N. Monroe,
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
 year 1949 hour 10:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 2nd
1949, to May 26 1949

that I last saw her alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Serum Sickness
with Sore Throat
depression
 Due to Arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/5/49
1/2/49

Major findings: Of operations _____

Of autopsy _____

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) Manner of injury L

23. Signature J.W. Cowherd (M. D. or other) Dr

Address Carrollton, Mo. Date signed 5-28-49

MOTHER FATHER

JUN 1 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-1-49

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 _____

Licensed Embalmer No. 3233

P. O. Address Tina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.