REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10783
Do not use this space.

1. PLACE OF DEATH
(a) County Greene Registration District No. 318
(b) Township Primary Registration District No. 2001 Registered No. 258
(c) City Springfield Mo. (d) Street No. 701 S. Florence St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John T. Bacon 250
(a) Residence, No. 701 S. Florence St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary E. Bacon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1868
7. AGE YEARS 69 MONTHS 9 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. minister
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Missouri

FATHER
13. NAME Thomas Bacon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ellen Chapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Mary E. Bacon Springfield, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE March 24, 1938
19. FUNERAL DIRECTOR (ADDRESS) Alma Lohmeyer Springfield, Mo.
20. FILED Mar 24, 1938 Chas A. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to 3-22, 1938
I last saw him alive on 3-22, 1938 Death is said to have occurred on the date stated above, at 12:08 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	?
Left Kidney	
Other contributory causes of importance:	
Arterio Sclerosis	?

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robt Unwin, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)