REC'D JUN 8 1939

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

18342
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar — Registration District No. 165
(b) Township Linn — Primary Registration District No. 5231 — Registered No. 18
(c) or City Stockton — (d) Street No. ____ 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 Mary Elizabeth Bacon
(a) Residence, No. ____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FeMale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isac L. Bacon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 6, 1860
7. AGE: Years 79 — Months 4 — Days 25 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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): Green Co., Mo. 0

FATHER
13. NAME: A. C. Montgomery 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

MOTHER
15. MAIDEN NAME: Julia Noffsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

17. INFORMANT (ADDRESS): Dr. J. W. Montgomery
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lindley Prairie — DATE: June 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. C. Davis & Co. Stockton, Mo.
20. FILED: June 6, 1939 — Mrs. Minnie Carleton, Local Registrar. 725

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 30, 1939, to May 31, 1939
I last saw her alive on May 31, 1939. Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1-1-29
Uremia	5-30-39
Terminal bronchopneumonia	5-30-39

Other contributory causes of importance:
Chronic arthritis 131

Name of operation: None — Date of:
What test confirmed diagnosis? Alb. — Was there an autopsy? No

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) Benard C. Allen, M. D.
(Address) Stockton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton Me

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

If this body is not embalmed, above space should be left blank.