

REC JUN 22 1940

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

18866  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence County Registration District No. 470  
(b) Township \_\_\_\_\_ Primary Registration District No. 5-633 Registered No. 5-21  
(c) City Mt. Vernon, Mo (d) Street No. Missouri State Sanatorium 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 274 Cread Virgil Bacus

(a) Residence, No. Aurora, Missouri St.  Aurora Mo.  
(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 Lula Hensley Bacus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1888

7. AGE YEARS 52 MONTHS 1 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor  
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) December 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Callaway County 0  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Leander Worth Bacus 1

14. BIRTHPLACE (CITY OR TOWN) Pike County 0  
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary E. Burnett  
16. BIRTHPLACE (CITY OR TOWN) Calloway County  
(STATE OR COUNTRY) Missouri

17. INFORMANT E McMichael Record Clerk  
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aurora Mo. DATE 5/19 1940

19. FUNERAL DIRECTOR (NAME) J. F. King  
(ADDRESS) Aurora

20. FILED 5-20 1940 P.A. HOLMES  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1940 ~~1939~~

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1940, to May 17, 1940

I last saw him alive on May 17, 1940 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1932  
Other contributory causes of importance: 72

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Sputum 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) At Stocker M. D.  
H. J. Merverson no. (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 640-1375

Date Filed JUN 10 1940

**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 Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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, above space should be left blank.**