

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 228

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. One day
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Gene Lee Bacon

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

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. September 26 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 20 hr. min.

9. Birthplace. Olathe, Kansas RFD #4
(City, town, or county) (State or foreign country)

10. Usual occupation. None

11. Industry or business. _____

MOTHER FATHER { 12. Name Clarence Eugene Bacon
13. Birthplace Salem, Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Louise Murdock
15. Birthplace Stanley Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant. Clarence G Bacon

(b) Address. Olathe Kas

17. (a) Removal (b) Date thereof Jan. 16, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Olathe, Kansas

18. (a) Signature of funeral director. H.E. Julien

(b) Address. Olathe Mo.

19. (a) Jan 17, 1941 (b) M. J. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Kansas (b) County. Johnson 999
(c) City or town. Olathe
(If outside city or town limits, write "RURAL")
(d) Street No. 528 E. Loula
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from
Jan 16, 1941 to Jan 16, 1941;
that I last saw him alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Broncho Pneumonia Duration 2 days

Due to Influenza 2 days Duration 4 days

Due to _____
Other conditions Taken with Oedema
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) Means of injury _____

23. Signature H. J. Samuel (M. D. or other) _____
Address 233 Plaza Medical Date signed 1/16/41

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

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 H.E. Julian

Licensed Embalmer No. 2042

P. O. Address Olatche Kas.

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.