S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21788

Registration District No. 254 Primary Registration District No. 5881 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Osage

(b) City or town Cooper Hill Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Osage 76

(c) City or town Cooper Hill Mo.R.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Joseph Bacon

3. (b) If veteran, name war ----

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle Scott Bacon

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb (Month) 11 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Linn (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles J. Bacon
13. Birthplace Osage Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Almelia Vaughn
15. Birthplace Osage Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Paul Bacon
(b) Address Belle Mo.R.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Linn Mo

18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo

19. (a) 6/12/1947 (Date received local registrar) (b) E. A. Drummond (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day 8 year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1945 to June 9, 1947; that I last saw him alive on 6-8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Terminal decompensation and bilateral hypostatic pneumonia in bases — Duration 2 yrs

Due to

Due to

Other conditions Hypertrophic Osteo-arthritis (Include pregnancy within 3 months of death) — 10 yrs

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul Bacon (M. D. or other) MD
Address Jamesville, Mo Date signed 6-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-12-47

## 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 Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Lenn, 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, fact should be so stated above.**