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DEPARTMENT OF HEALTH  
BUREAU OF THE CENSUS  
**FILED AUG 29 1947**  
Registration District No. 111

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27285  
Registrar's No. 81

Primary Registration District No. 5426

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

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Labadie  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. None  
In this community 5 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin 36  
(c) City or town Labadie 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X X

3. (a) PRINT FULL NAME Iva Marie Bacon  
3. (b) If veteran, name war None 3. (c) Social Security No. 496-28-6979  
4. Sex Female 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 April 24, 1928  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 19 year 1947 hour 7 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 17 May 1947 to 19 August 1947  
that I last saw her alive on 18 August 1947 and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary embolism Duration 15 min

8. AGE: Years Months Days If less than one day  
19 3 25 hr. 0 min.

Due to Post partum pelvic venous stasis 10 days post partum  
Due to \_\_\_\_\_

9. Birthplace Sullivan, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Shoe Worker

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business None Int. Shoe Co.

12. Name Floyd E. Bacon

13. Birthplace Sullivan, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Iva M. Bunton

15. Birthplace High Gate, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd E. Bacon  
(b) Address Labadie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Nieburg & Utz, Inc.  
(b) Address Washington, Missouri

19. (a) Aug-23-47 (Date received local registrar) (b) Mary B Green (Registrar's signature)

Major findings: Of operations None  
Of autopsy None

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) (c) Means of injury \_\_\_\_\_  
23. Signature Raymond J. Boyzo (M. D. or other) Med.  
Address Washington, Mo. Date signed 21 Aug 47

RECEIVED  
District Health Officer No. 9,  
District File Number  
AUG 28 1947  
Date Filed

SEP 2 1947

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.....

*Jerome F. Swoboda*....., Registered Apprentice No. *441*  
working under my personal supervision.

Signed *Lester A. Vitt*  
Licensed Embalmer No. *3254*  
P. O. Address *Washington, 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.