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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

FILED AUG 25 1948

Registration District No. 310

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 27391

Registrar's No. 169

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1- Day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3: (a) PRINT FULL NAME Bessie R. Bacon

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Elmer J. Bacon

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 23 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 11 22 hr. min.

9. Birthplace Arkabutla, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Robert L. Howell

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

14. Maiden name Mattie Wyatt

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Bacon

(b) Address 511 Tecumseh Str, St. Charles

17. (a) Burial (b) Date thereof Aug. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director H.C. Dallingwater & Co.

(b) Address 800 NO. 2nd, ST. St. Charles, Mo.

19. (a) Aug 19 48 (b) Fannie Hamilton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Tecumseh Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th,  
year 1948 hour 5:00 P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 7th, 1948, to August 15, 1948,  
that I last saw her alive on 8/15, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Gen. Carcinomatous  
Due to \_\_\_\_\_ undetermined

Due to Primary brain unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 56

Of autopsy 50

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) No

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R.J. Budke (M. D. or other)  
Address 124 S. Main St. St. Charles, Mo. Date signed 8/17/48

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

RECEIVED  
District Health Officer No. 51  
District File Number  
Date Filed AUG 23 1948

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

*Joseph I. Lander*

Licensed Embalmer No. *4189*

P. O. Address

*St. Charles, 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.