

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED SEP 29 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28817**  
Registrar's No. **91**

Registration District No. **11**

Primary Registration District No. **5042**

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

**1. PLACE OF DEATH:**  
 (a) County **Barry**  
 (b) City or town **"RURAL" Liberty Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**8 mi W of Washburn**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **60 years**  
years, months or days)

**3. (a) PRINT FULL NAME** **Elizabeth Winnie BACON**

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

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W** /

6. (b) Name of husband or wife **Charles Taylor Bacon** 6. (c) Age of husband or wife if alive **dec'd** years

7. Birth date of deceased **November 12, 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>10</b>	<b>4</b>	-- hr. --- min.

9. Birthplace **Arcola (Douglas Co.) Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Henry Stater**

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

14. Maiden name **Lvdia Ann Smith**

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

16. (a) Informant **Mrs. Lora Belle Main**  
 (b) Address **Star Rt., Washburn, Mo.**

17. (a) **Burial** (b) Date thereof **9-19-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maplewood Cemetery**

18. (a) Signature of funeral director **Koon Funeral Home**  
 (b) Address **Cassville, Missouri**

19. (a) **Sept 24 1948** (b) **Grace Williams**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Barry**

(c) City or town **"Rural" Liberty Twp.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8 mi W. of Washburn**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **16th.**  
 year **1948** hour **1** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Sept. 2**  
 19 **48**, to **Sept. 8**, 19 **48**  
 that I last saw her alive on **Sept. 7**, 19 **48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration \_\_\_\_\_

Due to **arteriosclerosis** 2 yr

Due to **nephritis** 3 yr

Other conditions **hypertension, Roman**  
(Include pregnancy within 6 months of death)

Major findings:  
 Of operations **h. n.**

Of autopsy **70**

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. W. Edwards** (M. D. or Dr.)  
 Address **Washburn, Mo** Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1090  
Date Filed SEP 26 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 J. C. Canada  
Licensed Embalmer No. 4196  
P. O. Address Cassville, 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.