

FILED NOV 9 1948

Registration District No. **282**

Primary Registration District No. **5977**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County **Lack**
(b) City or town **Aldrich**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **South part of Aldrich**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days) **13 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lack 84**
(c) City or town **Aldrich**
(If outside city or town limits, write "RURAL")
(d) Street No. **South part of Aldrich**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME

Edmond Bacon

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **whi**

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

6. (b) Name of husband or wife **Mertie Bacon**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Aug 25 1874**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **7**
If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **Thomas C. Chapman**

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

14. Maiden name **Ann Stagle**

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

16. (a) Informant **Mrs. Mertie Bacon**

(b) Address **Aldrich Mo**

17. (a) **Burial** (b) Date thereof **11-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Gilead Cemetery**

18. (a) Signature of funeral director **Ernest Blue**

(b) Address **Baliviar Mo**

19. (a) **Nov 3-1948** (b) **Ralph Sorden**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **1**
year **1948** hour **5** minute **45p** M.

21. I hereby certify that I attended the deceased from **Jan 1 1948** to **Nov 1 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma lung** Duration **6 mo**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **470**
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?

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

23. Signature **Thomas C. Chapman** (M. D. or other) Address **Baliviar Mo** Date signed **11/2/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 10-48-1298

Date Filed 11-8-48

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 William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Delaware, W.

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.