

FILED FEB 13 1945

Registration District No. 547

Primary Registration District No. 4508

Registrar's No. _____

1. PLACE OF DEATH

(a) County Stone

(b) City or town Halena Washington
(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)

In this community about 39 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Halena Mo (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 _____

3. (a) PRINT FULL NAME Anna Bacon

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1945 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1945, to _____, 1945; that I last saw her at death on Jan 3, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death. pneumonia Duration 15 days

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, 1 divorced widowed

6. (b) Name of husband or wife B. F. Bacon 6. (c) Age of husband or wife if alive Metahub years

7. Birth date of deceased. April 13 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Tenn. Benton (City, town, or county) Mo (State of foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name James H Wann

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

14. Maiden name S. E. Wann

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

16. (a) Informant Neuman Records Dept at death

(b) Address Halena, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1945 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Everett J Cheatham

(b) Address Halena, Mo

19. (a) Jan 5 45 (Date received local registrar) (b) Blady Cheatham (Registrar's signature) Dpty

Due to Lack of medical attention & poor nourishment

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 10911

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 Everett J Cheatham (M. D. or other) Coroner

Address Halena Mo. Date signed 1/5/45

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

400

1172

(Licensed Embalmer's Statement on Reverse Side)

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 *not*.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ernest J. Cheatham*.....
Licensed Embalmer No. *3870*.....
P. O. Address *Halena, 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.