

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17578
Do not use this space.

REC'D JUN 15 1938

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
 (b) Township Madaway Primary Registration District No. 5016
 (c) City Savannah (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Jennie Belle Bacon 250
 (a) Residence, No. NEAR SAVANNAH MO St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-28-1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning MO

13. NAME Edward Bacon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quitman MO

15. MAIDEN NAME Zula May Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tarkio MO

17. INFORMANT S. C. Clark
(ADDRESS) Rosendale MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Walshs Grove DATE 5-9-1938

19. FUNERAL DIRECTOR Fred Terhune
(ADDRESS) Savannah MO

20. FILED May 9 1938 Wm A H King
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
No attending physician.
 Other contributor causes of importance: 200 B-

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. P. Kelley M. D.
Savannah MO

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Fred Terhune
Licensed Embalmer No. 1279

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.)