

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38888

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165
 (b) Township Linn Primary Registration District No. 5231
 (c) City Stockton (d) Street No. 95
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Bertha Florence Bacon

(a) Residence, No. (Usual place of abode, if no street address, write county or city) 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF G. P. Bacon
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1881

7. AGE YEARS 57 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Cedar Co. Mo.

FATHER 13. NAME Andrew J. Gunier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Rozella Yancey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Joe F. Bacon
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton Mo. DATE Nov 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO.
Stockton, Missouri

20. FILED Dec 4, 1938 Mrs. J. A. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1938

22. I HEREBY CERTIFY: That I attended deceased from Sept 3, 1938 to Nov 26, 1938
 I last saw her alive on Nov 26, 1938 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:

Cerebral Embolism Date of onset

Other contributory causes of importance:

Gangrene of left leg

Name of operation Amputation Date of Nov 11
 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) H. A. Simrell M. D.
 (Address) Stockton Mo.

RECEIVED

District Health Officer No. 7

District File Number 7-38-517

Date Filed 12-8-38

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, _____

Ormel Tucker

, or by _____

Registered Apprentice No. 3783, working under my personal supervision.

Signed _____

Ellen O. Tucker

Licensed Embalmer No. 3783

P. O. Address Stockton

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, above space should be left blank.