

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28228

SEP 19 1940

Registration District No.

Primary Registration District No.

Registrar's No.

41

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Most of life
years, months or days)

2. (a) PRINT
FULL NAMEJoel Sherman Bacon

8. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex
- Male

5. Color or
-
- race
- W

6. (a) Single, widowed, married,
-
- divorced
- Survived

6. (b) Name of husband or wife
-
- Leona Martindale

6. (c) Age of husband or wife if
-
- alive
- 56
- years

7. Birth date of deceased
- Sept. 9
-
- (Month) (Day) (Year)

- 1866
-
- (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

731113

hr.

min.

9. Birthplace
- Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retail

11. Industry or business

12. Name
- A. J. Bacon

13. Birthplace
- Tenn

(City, town, or county)

(State or foreign country)

14. Maiden name
- Hannah Hembree

15. Birthplace
- Tenn.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature
- A. J. Bacon

- (b) Address
- California

17. (a)
- Burial

(Burial, cremation, or removal)

- (b) Date thereof
- 8/26/40

(Month) (Day) (Year)

- (c) Place: burial or cremation
- Stockton City

18. (a) Signature of funeral director
- H. C. Davis & Co.

- (b) Address
- Stockton, Mo.

19. (a)
- Aug. 28

(Date received local registrar)

- (b)
- Mrs Minnie Carleton

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- August
- day
- 22
-
- year
- 1940
- hour
- 11
- minutes
- P.
- M.

21. I hereby certify that I attended the deceased from
- Mar 1
-
- 1940
- to
- Aug 22
- , 19
- 40
-
- that I last saw him alive on
- Aug 22
- , 19
- 40
-
- and that death occurred on the date and hour stated above.

Immediate cause of death.

Myocarditis &
Chronic Hypertension

Duration

3 yrs

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 8Of autopsy 8

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?
9 28
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature
- James V. Flaherty
- (M. D. or other)
- MD
-
- Address
- Stockton Mo
- Date signed
- 8-26-40

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

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton, Me

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.