

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada mo
(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 2
In this community sixteen years (Specify whether years, months or days) 250

8. (a) PRINT FULL NAME James Monroe Bacon

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Bacon 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 30 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Green Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER
12. Name Not known 9
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bacon
(b) Address Byronel Kansas

17. (a) Buried (b) Date there Aug 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Republle mo

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada mo

19. (a) Aug. 14 - 1940 (b) Allen H. Hays
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada mo
(If outside city or town limits, write "RURAL")
(d) Street No. 808 N. Ash
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1940 hour 7 40 minute 00 A. M.

21. I hereby certify that I attended the deceased from Aug 7, 1940 to Aug 11, 1940 that I last saw him alive on Aug 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 da

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death) 94 1/2

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....
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? 795
While at work? (Specify type of place) (e) Means of injury.....
28. Signature [Signature] (M. D. or other) 1
Address Nevada Date signed 8-14-40

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

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1227
Date Filed 9-4-40

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 me

....., Registered Apprentice No. 7

working under my personal supervision.

Signed J B Ferry

Licensed Embalmer No. 1732

P. O. Address Nevada 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, above space should be left blank.