S. No. 2
—4-13-40
5-17-39
P1 X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31286

Registration District No. 2623 Filed SEP 12 1940 Primary Registration District No. 3002 Registrar's No. 117

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether)
In this community 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Laddonia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME JOHN MAYK BACIK
3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Barbara Ellen Bacik
6. (c) Age of ~~husband or~~ wife if alive 67 years
7. Birth date of deceased May (Month) 22 (Day) 1864 (Year)

8. AGE: Years 76 Months 3 Days 16 If less than one day ____ hr. ____ min.
9. Birthplace Sedlyce, Austria (City, town, or county) (State or foreign country) 7
10. Usual occupation Farming 9
11. Industry or business Farm 5
FATHER
12. Name Not Known 7
13. Birthplace " " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " " " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. M. Bacik
(b) Address Laddonia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9-1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Farber Mo.
18. (a) Signature of funeral director H. L. Stranger
(b) Address Laddonia Mo.
19. (a) Sept 8 1940 (Date received local registrar) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th.
year 1940 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from Sept 4th, 1940, to Sept 7, 1940; that I last saw him alive on Sept 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 day
Due to: Arteriosclerosis	
Due to: Advanced age	1
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature R. P. Craige (M. D. or other) DP.
Address Laddonia Mo. Date signed 9-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-1928
Date Filed OCT 18 1940

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~~ H. G. Grainger, Registered Apprentice No. ..... working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.