

2-40  
7-39  
K23159

Registration District No. **470** Primary Registration District No. **5633** Registrar's No. **143**

1. PLACE OF DEATH:  
(a) County **Lawrence**  
(b) City or town **Mr Vernon Mo. Roubell**  
(c) Name of hospital or institution: **X**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X**  
In this community **all her life** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Paula G Bacon**  
(b) If veteran, name war **X**  
3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edgar**  
6. (c) Age of husband or wife if alive **61** years  
7. Birth date of deceased **March 28 1888**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **8** Days **0**  
If less than one day hr. **X** min.

9. Birthplace **9th Vernon Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **Farm**

12. Name of father **John A Brown**

13. Birthplace of father **Mr Vernon Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name of mother **Adeline Essary**

15. Birthplace of mother **not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **P. A. Holmes**

(b) Address **Mr Vernon Mo**

17. (a) **Salmon** (b) Date thereof **Nov 30-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salmon Cemetery**

18. (a) Signature of funeral director **Geo Blom**  
(b) Address **Mr Vernon Mo**

19. (a) **12-3-1940** (b) **P. A. HOLMES**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Lawrence**  
(c) City or town **Mr Vernon Mo. Roubell**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **X**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **X** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28<sup>th</sup>**  
year **1940** hour **3:30** minute **P** M.

21. I hereby certify that I attended the deceased from **March 30**, 19**40**, to **Nov. 27**, 19**40**  
that I last saw her alive on **Nov. 27**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mal-nutrition (Starvation)**  
Duration **1 yr.**  
Due to **Sigmoid Carcinoma of Stomach**

Other conditions **Hip**  
(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?

**421** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Emmett Hoover** (M. D. seal) **DMH**  
Address **Mr Vernon Mo** Date signed **11/30/40**

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

RECEIVED

District Health Officer No. 6,

District File Number 10405-2942

Date Filed DEC 5 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.....

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

Signed George B Orr

Licensed Embalmer No. 946

P. O. Address Mr Yarrow

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**