

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19257  
Do not use this space. 1088

1. PLACE OF DEATH

(a) County VERNON Registration District No. 875  
(b) Township Shellsburg Primary Registration District No. 3039 Registered No. 150  
(c) City Shellsburg (d) Street No. Nevada Hospital St. 2  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Baby Bacon (Infant)

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or 50 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Nevada Hospital  
(STATE OR COUNTRY) Nevada

13. NAME Robert Bacon

14. BIRTHPLACE (CITY OR TOWN) Shellsburg  
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Delores Matthews

16. BIRTHPLACE (CITY OR TOWN) Shellsburg  
(STATE OR COUNTRY) Mo.

17. INFORMANT C. Matlock  
(ADDRESS) Harwood

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Shellsburg DATE 5-5 1941

19. FUNERAL DIRECTOR (NAME) C. Wagner  
(ADDRESS) Harwood

20. FILED May 13, 1941 Allen O. House  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1941 to May 3, 1941  
I last saw him alive on May 3, 1941. Death is said to have occurred on the date stated above, at 5:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Prematurity - Baby born at 8:00 A.M. May 3, 1941. Seventh month of gestation

Other contributory causes of importance:  
154

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) E. R. King M. D.  
(Address) Nevada Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1 X18605

RECEIVED

District Health Officer No. 7,

District File Number 6-41-964

Date Filed 6-10-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 875

Primary Registration District No. 3039

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Bacon, Nevada  
(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.  
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME Baby Bacon (Default)  
3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 9 hr. 52 min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-3-41 (b) Allen V. King  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. Nevada City Hospital  
(If rural, give location)  
(e) Citizen of foreign country 805 S. Adams (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 3  
year hour minute M.

21. I hereby certify that I attended the deceased from  
to  
that last saw h. alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

Due to

Due to

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?

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

23. Signature E. R. King (M. D. or other)

Address Nevada Date signed

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

SUPPLEMENTAL

19257