

FILED AUG 15 1941

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 100

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
206 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 mo. years, months or days

3. (a) PRINT FULL NAME OTHANIEL-ERWIN BACON

3. (b) If veteran, name war none 3. (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 Bacon 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Apr. 30 1859 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER { 12. Name James Edward Bacon
13. Birthplace don't know (City, town, or county) (State or foreign country)
14. Maiden name Nancy Bacon
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant Evelie Howell
(b) Address Refiance mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cemetery

18. (a) Signature of funeral director Morris M. M. M.

(b) Address men mill mo

19. (a) June 3-41 (Date received local registrar) (b) Clarence G. Treaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Charles
(c) City or town St. Charles 92 (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. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from on June 1st, 1941, to June 2, 1941; that I last saw him alive on June 1st, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Carcinoma of Stomach

Due to B

Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy H2D

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) (a) Means of injury _____

23. Signature Clarence G. Treaster (M. D. or other) MD
Address 106 Washington Date signed 6-3-41

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 Marion Munday

Licensed Embalmer No. 2461

P. O. Address New Orleans

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.