

DEPARTMENT OF HEALTH
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29072

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 272

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1421 East Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community. 20 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Madge Bacon

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. Female 5. Color or race. white 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Clyde Bacon 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. December 27, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 8 8 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Maris M. McCue
13. Birthplace. Lancaster County, Penn.
(City, town, or county) (State or foreign country)
14. Maiden name. Bessie Ashbaugh
15. Birthplace. Grant, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Darlene Gamble (dau.)
(b) Address. 1239 Fourth Ave. Scotts Bluff
Nebraska
(c) Place: burial or cremation. Grant, Iowa
(d) Date thereof. Sept. 7, 1941
(Month) (Day) (Year)

17. (a) Signature of funeral director. James E. Gering
(b) Address. Sedalia, Missouri

18. (a) 9/6/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pettis
(c) City or town. Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 East Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept. day. 5,
year. 1941 hour. 1:45 minute. A. M.

21. I hereby certify that I attended the deceased from Sept. 4 to Sept. 5, 1941
that I last saw him alive on Sept. 4th, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death. Myocardial Failure
Duration _____

Due to Cancer of carcinoma of uterus, metastasis to bladder and stomach
Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: See report from Cancer Hospital
Of operations _____
Of autopsy. Columbia no. no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no accident
(c) Where did injury occur? no injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature B. B. F. F. F. (M. D. or other)
Address 112 W. 4th St. Sedalia Date signed 9/7/41

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1941

pre m l l l

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.....

John E. Myers

Licensed Embalmer No. *2220*

P. O. Address *Sedalia, 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.