

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 120 East 9th  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 years  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 120 East 9th  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country .....

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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb. day 10th  
 year 1942 hour 8:30 minute 8 M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 1865 years  
 7. Birth date of deceased April 5th 1865  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 7 1942 to Feb. 10 1942  
 that I last saw him alive on Feb. 7 and that death occurred on the date and hour stated above.

**8. AGE:** Years 76 Months 10 Days 5 If less than one day  
 hr. min.

Immediate cause of death Silicosis  
 Duration ?

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

Due to .....  
 Due to .....

10. Usual occupation Miner

Other conditions (Include pregnancy within 3 months of death) .....  
 Major findings: Of operations 114a  
 Of autopsy .....

**MOTHER BATHER**  
 11. Industry or business .....  
 12. Name Samuel Bacon  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Liza Harvey  
 15. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant John H. Bacon  
 (b) Address Seneca, Missouri

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) .....  
 (b) Date of occurrence .....

17. (a) Burial (b) Date thereof 2-11-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Park Cemetery

(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 .....

18. (a) Signature of funeral director Lanpher Mortuary  
 (b) Address Joplin, Missouri

23. Signature Richard L. Neff (M.D. or other) M.D.  
 Address Joplin, Mo. Date signed 2/10/42

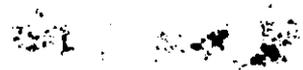
19. (a) 2-11-42 (b) Esteban Bushnell  
 (Date received local registrar) (Registrar's signature)

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

79  
2  
3

+

42.2.168.



**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**