

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8054

State File No. _____

FILED MAR 13 1942
Registration District No. 832

Primary Registration District No. 4518

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. SULLIVAN
(b) City or town. MILAN
(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 _____ (Specify whether
In this community _____ years months or days) 4 YEARS

3. (a) PRINT FULL NAME LAYETTE BACUS
(b) If veteran, _____ (c) Social Security
name war. _____ No. _____

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOWED
7. Birth date of deceased MARCH 25 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation. BLACKSMITH
11. Industry or business. RETIRED 15 YEARS

12. Name. JESSE BACUS
13. Birthplace. UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name. UNKNOWN
15. Birthplace. UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. L. D. BACUS
(b) Address. MILAN MO
17. (a) Buried (b) Date thereof. FEB. 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Unionville MO
18. (a) Signature of funeral director. Samuel Funeral Home
(b) Address. Unionville MO
19. (a) MAR 2 1942 (b) MASS. D. GREEN
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. SULLIVAN
(c) City or town. MILAN
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 4
year 1942 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from Jan. 9
_____, 1942 to FEB. 4, 1942
that I last saw him alive on Jan. 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure due to atherosclerosis and myocarditis
Due to arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95a

Major findings: Of operations _____
Of autopsy _____

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 J. S. Montgomery (M. D. or other)
Address MILAN MO Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 10-42-307

Date Filed MAR 10 1946

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.....

James W Somstock

Licensed Embalmer No. 4197

P. O. Address. Unionville 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, above space should be left blank.