

11304

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED APR 22 1942

Registration District No. 542

Primary Registration District No. 5732

Registrar's No. 38

1. PLACE OF DEATH:

(a) County. Maries County
(b) City or town. Rural Near Dixon, Mo.
(If outside city or town limits, write "RURAL" and name of town)
(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. 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Lucinda Bacon

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. William S. Bacon 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. June 3, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 12 hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

12. Name. James Eddington
13. Birthplace. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name. Roda Moody
15. Birthplace. Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. I. V. Perkins

(b) Address. Dixon, Mo.

17. (a) Burial (b) Date thereof. 3/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Fairview Cemetery

18. (a) Signature of funeral director. Fred H. Gilbert

(b) Address. Dixon, Mo.

19. (a) 3-19-42 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Pulaski
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dixon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day 15
year 1942 hour. minute. M.

21. I hereby certify that I attended the deceased from Feb 1st 1942 to 3-15- 1942
that I last saw him alive on Nov. 1st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Cervix

Due to. Due to.

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

Major findings:

Of operations.

Of autopsy.

Duration

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) (c) Means of injury
23. Signature Dr. J. Bridges (M. D. or other)
Address Dixon, Mo. Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1069

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.....

March 15, 1942

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Fred D. Gilman

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.