V. S. No. 2
10M—5-42
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14634

RECEIVED MAY 7 1943

Registration District No. 766 Primary Registration District No. 560S Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Knobnoster Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia Army Air Base 3 Washington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Neb. (b) County: 25
(c) City or town: (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: L

3. (a) PRINT FULL NAME: Pfc Philip H. Bacon
3. (b) If veteran, name war:
3. (c) Social Security No.:
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 ..... years
7. Birth date of deceased: Nov. (Month) 7 (Day) 1922 (Year)
8. AGE: Years 20 Months 5 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace: Czad (City, town, or county) Neb. (State or foreign country)
10. Usual occupation: Unkown
11. Industry or business: "
12. Name (Father): John F. Bacon
13. Birthplace (Father): Unkown (City, town, or county) 9 (State or foreign country)
14. Maiden name (Mother): "
15. Birthplace (Mother): " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Major Paul A. Stoodt
(b) Address: Sedalia Army Air Base
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Cozad Neb.
18. (a) Signature of funeral director: Geo Dillard
(b) Address: Sedalia
19. (a) 4-18-43 (Date received by local registrar) (b) Maj. P. A. Stoodt (Registrar's signature) Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1943 hour 8 minute 17 P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple crushing injuries entire body including crushing injury of skull
Due to: 3rd & 4th degree burns
Due to: Air plane accident.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: Autopsy not done.

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): Accident. 051
(b) Date of occurrence: April 16th 1943.
(c) Where did injury occur? Sedalia Army Air Base (City or town) - Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Army Air Base (Specify type of place)
While at work? ..... (e) Means of injury: Airplane
23. Signature: Major Paul A. Stoodt (M. D. or other)
Address: Sedalia Army Air Base Date signed 4/17/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-18-43

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 Geo Durland

Licensed Embalmer No. 3868

P. O. Address Sidalia

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.