

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18284

State File No.

Registrar's No.

FILED JUN 11 1943

Registration District No. 780

Primary Registration District No. 5673

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Rural, Monroe, Tenn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles west of Winfield
(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)3. (a) PRINT
FULL NAMEMARZIE BACON

3. (b) If veteran,
-
- name war.....

3. (c) Social Security
-
- No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married
divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
C. G. Bacon alive 65 years
7. Birth date of deceased May 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 hr. min.

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

10. Usual occupation
- Housewife

11. Industry or business.....

12. Name Nathaniel Day
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elston
15. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant G. G. Bacon
(b) Address Winfield, Mo.
17. (a) Burial (b) Date thereof 5/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemetery
18. (a) Signature of funeral director.....
(b) Address Winfield, Mo.
19. (a) 5-30-43 (b) Mrs. Susan Dixon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from March 10
1943 to May 27, 1943
that I last saw her alive on May 27, 1943
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Myocardial InfarctionDue to Arteriosclerosis

Due to.....

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

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 W. H. Hensley (M. D. or other) M.D.
Address Old Monroe, Mo. Date signed 5/29/43

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.....
.....
working under my personal supervision.

Signed.....

Registered Apprentice No.

Licensed Embalmer No.

P. O. Address.....

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.