S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2730

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 505 W. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 505 W. Third St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X

36
6
2

3. (a) PRINT FULL NAME Laura Bacon.

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband Noah Bacon.

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased December (Month) 12th, (Day) 1873. (Year)

8. AGE: Years 70 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Augusta, (R.F.D.) (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework.

11. Industry or business X

FATHER
12. Name Carl H. Regenbogen.
13. Birthplace Unknown, (City, town, or county) Austria. (State or foreign country)

MOTHER
14. Maiden name Carolina Ferlmann.
15. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs. Olga Buel,
(b) Address 328 Olive St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 24, (Day) 1944 (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Mo.

19. (a) Jan. 22, 1944 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st, year 1944 hour 2:00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 17, 1944, 19 to Jan 21, 1944 that I last saw her alive on Jan 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy.

Due to Hypertensive arteriosclerosis

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.

83a

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. T. Tosh M.D. (M.D. or other)
Address Washington Mo Date signed 1/22/44

1181 (Licensed Embalmer's Statement on Reverse Side) Dr. Post

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~~ Lester H. Vitt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.