

FILED DEC 2 1944
Registration District No. 211

Primary Registration District No. 3053

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MacFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George Harvard Bacon

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu Olive Bacon 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 10th, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Allmore Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Cafe owner

12. Name John Everly Bacon
13. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Martha Munro
15. Birthplace Munro Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. H. Bacon
(b) Address Cuba, Missouri Rt. 2

17. (a) Burial (b) Date thereof Nov. 17th, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kinder's Cem. Cuba, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Cuba, Missouri

19. (a) 11-15-1944 (b) [Signature]
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1944 to Nov. 14, 1944
that I last saw him alive on Nov. 14, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral regurgitation Duration _____

Due to _____
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 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)
(a) Means of injury _____
23. Signature [Signature] (b) Address Rolla, Mo. Date signed 11/15/44

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

copies
179
30-44

Smith-Hellen Funeral Home
Rolla, Mo

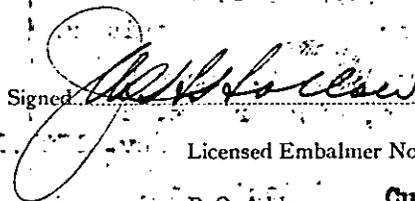
DEC 4 1944

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



Licensed Embalmer No..... 3643

P. O. Address..... Cuba, Missouri

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.