

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23248

FILED AUG 29 1946

Registration District No.

Primary Registration District No.

Registrar's No.

73

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community All life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Orza Bacon

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

4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 2-26-1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Merchant.

11. Industry or business Same.

12. Name Chester Bacon.

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

14. Maiden name Martha Hall. (City, town, or county) (State or foreign country)

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

16. (a) Informant Donald Bacon. Bethany Mo.

(b) Address

17. (a) burial (b) Date thereof 7.21.1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial.

18. (a) Signature of funeral director R. B. Taggart

(b) Address King City Mo.

19. July 26-1946 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry. 38
(c) City or town King city (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 19 1946 to July 19 1946
that I last saw him alive on July 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

ANGINA PECTORIS 2 WKS.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature Jack H. Barnes (M. D. or other) DO

Address King City, MO Date signed 7/19/46

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

DISTRICT HEALTH OFFICE
Camden, Mo.

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

R. G. Paggart

Licensed Embalmer No. 2563.

P. O. Address. King City 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.