

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2130 Picher**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 yrs**
(Specify whether years, months or days)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Bardie May Bacon**

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

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **C.E. Bacon** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 22 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months _____ Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Kans. / Housekeeper**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **S.S. Young**
13. Birthplace **Penn /**
(City, town, or county) (State or foreign country)
14. Maiden name **Connie Blackmore**
15. Birthplace **Ohio /**
(City, town, or county) (State or foreign country)

16. (a) Informant **C.E. Bacon**
(b) Address **2130 Picher**
17. (a) **burial** (b) Date thereof **3 12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**
18. (a) Signature of funeral director **Parker-Hunsaker**
(b) Address **1502 Joplin St. Joplin Mo.**
19. (a) **3-13-47** (b) **Ed Jenner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **2130 Picher** **5**
(If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** **11**
1947 year **2** day **a** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: **Strangulation** Duration _____

Due to: **Self Inflicted**

Due to: **Tied Sheet Around Neck. Tied to Chair.**

Other conditions: **Dropped off Chair.**

Major findings: **164** Of operations _____

Of autopsy: **164** _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**
(b) Date of occurrence **3/11/47**
(c) Where did injury occur? **Joplin Jasper Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm or industrial place, in public place? **Home**

While at work? **no** (Specify type of place) (a) Means of injury **Hanging**

23. Signature **Edward D. ...** or other **3/13/47**
Address **Joplin, Mo.** Date signed **3/13/47**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

47-3-217

MAY 6 1947

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *J. P. Lee 700*

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.