

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13970

State File No.

FILED APR 24 1947

Registration District No.

Primary Registration District No.

5632

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Oakland (Rural)
(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 (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME Thomas Malcom Bacon

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

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lizie Bacon
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan. 10 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 - hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Daniel D. Bacon

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

14. Maiden name Mary Kemp

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

16. (a) Informant Ivan Bacon (son)

(b) Address Lebanon, Mo.

17. (a) Burial (b) Date thereof 4-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon, Mo.

19. (a) April 19, 1947 (Date received local registrar) (b) Dr. Frankburger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Rural (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 April day 10 th year 1947 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from April 1, 1947, to April 10, 1947, that I last saw him alive on April 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Poplery
Due to Renal Hemorrhage

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) (e) Means of injury

23. Signature W.F. Schlicht (M. D. or other)

Address Union Mo Date signed 4/14/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

4/23/47

Received

Laclede County Health Unit

File No. 4-47-64

Date Filed 4/23/47

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

Dorsey M. Howe

Licensed Embalmer No.

4222

P. O. Address

Lebanon, 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.