

3. No. 22
-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 25

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16920

Primary Registration District No. 5715

Registrar's No. 9

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town White Rock Twp.
(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 18 mo. (Specify whether years, months or days)

In this community 18 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town White Rock Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.:

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Charles Walter Bacon

3. (b) If veteran, name was:

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cora Sumner Bacon

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 1 9 hr. min.

9. Birthplace Alhambra, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business:

12. Name Ely Bacon

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

14. Maiden name Adeline May

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

16. (a) Informant Mrs. Tyler Turnbeaugh

(b) Address RR Bentonville, Mo.

17. (a) Removal (b) Date thereof 5/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enid, Oklahoma

18. (a) Signature of funeral director Carl M. Gurney

(b) Address Bentonville, Ark

19. (a) 5-17-48 (b) Mr. B. E. Badley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 17, 1948, to May 17, 1948; that I last saw him in alive on May 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Massive Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94a

Duration

PHYSICIAN

Underline the cause of 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)

(e) Means of injury

23. Signature James L. Jackson (M. D. or other) M.D.
Address Bentonville, Ark Date signed May 17-48

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

JUL 22 1948

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.....

P. O. Address.....

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.