

DEC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6010
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71
 (b) Township Cedar Primary Registration District No. 5110A Registered No. #5
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Smith Acton 235

(a) Residence, No. Route 1st McBaine St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Clara N. Acton
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

13. NAME George Acton
 14. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lissie Grindstaff
 16. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Woy Acton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cem DATE 2-13- 193819. FUNERAL DIRECTOR A. O. Killebrew(ADDRESS) Columbia Mo.20. FILED Mar 5, 1938 Frances Nichols

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Feb 11, 1938
 I last saw him alive on Feb 5, 1938 Death is said

to have occurred on the date stated above, at 5:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Endocarditis
Chronic
92^a
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. B. Fryer, M. D.
 (Address) Arkland Mo.

72 B -

STATEMENT BY LICENSED EMBALMER

I, P. O. Wilson, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed P. O. Wilson

Licensed Embalmer No. 3183

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Boone
(b) Township Cedar
(c) City

Registration District No. 71
Primary Registration District No. 5-110A

Registered No. 5-

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clarence Smith Acton
(a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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Chronic
92a
Other contributory causes of importance:

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What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) N. B. Pryor, M. D.
(Address) Ashland Mo

6010