JUL 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21529
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Boone — Registration District No. 77
(b) Township Cedar — Primary Registration District No. 5110C — Registered No.
or
(c) City — (d) Street No. — St.
(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 Edgar Franklin Acton
(a) Residence, No. McBaine Route 1 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	Male
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~	Anna Toomes Acton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	July 30 1892
7. AGE	Years 46, Months 10, Days 28; If LESS than 1 day, ... hrs. or ... min.
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.	Farmer
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)	Boone Co Mo
FATHER 13. NAME	George Acton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Boone Co Mo
MOTHER 15. MAIDEN NAME	Elizabeth Grindstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Boone Co Mo
17. INFORMANT (ADDRESS)	Mrs E. F. Acton (Wife) McBaine R1
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE	Old Union — DATE June 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	R O Willett, Columbia, Mo. 78
20. FILED	July 4, 1939 Mrs Susie Ward, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to June 28, 1939
I last saw him alive on June 26, 1939. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows: ~~[illegible]~~ Chronic Myocarditis — Date of onset 1934

Other contributory causes of importance: Gen. Arterio-Sclerosis, Hemiplegia.

Name of operation ... Date of ...
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) Stephen D. Smith, M.D.
(Address) Columbia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lyman H Spurkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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, above space should be left blank.