

SEP 12 1939

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

28602  
Do not use this space.

1. PLACE OF DEATH

(a) County Kushman

Registration District No. 85

(b) Township St Joseph

Primary Registration District No. 1001

(c) City St Joseph

(d) Street No. St Hospital

Registered No. 832

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. 4 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 235 Charles Ellis Acton  
(Usual place of abode, if no street address, write county or city)

St. ☐ Oregon Mo  
(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)

single

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

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

May 10, 1881

7. AGE

YEARS

58

MONTHS

2

DAYS

29

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

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)  
(STATE OR COUNTRY)

Holt Co. Mo.

13. NAME

David W. Acton

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

Oregon, Mo.

15. MAIDEN NAME

Naomajane Ruhl

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

Ohio

17. INFORMANT  
(ADDRESS)

Ma. Freda Scherer  
Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Point Mo. DATE 8-14 1939

19. FUNERAL DIRECTOR (NAME)  
(ADDRESS)

Peterson Funeral Service  
Oregon Mo.

20. FILED

Aug 14 1939 A. J. Neelabush  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1939

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 25 1939 to Aug 9 1939

I last saw him alive on Aug 11 1939. Death is said

to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset  
7

Other contributory causes of importance:

cerebral hem. (stroke) 4 hours  
prior to death

Name of operation none Date of none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none

Where did injury occur? none

(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) T. P. J. Hill M. D.

(Address) St Hospital

**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.

*Not Embalmed.*

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, above space should be left blank.**