

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

33323
Do not use this space.

1. PLACE OF DEATH *2*
(a) County *Randolph* Registration District No. *735*
(b) Township *Sugar Creek* Primary Registration District No. *3034*
(c) City *Moberly* (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 *7* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *260* *MOSES FRANKLIN ACREE*
(a) Residence, No. *718 BURKHOLDER* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Florence Acree*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July - 10 - 1864*
7. AGE YEARS *75* MONTHS *2* DAYS *5* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired 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) *Kentucky* *1*

FATHER 13. NAME *John Acree* *1*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky* *1*

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Miss Maudy Acree*
718 Burkholder Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clark Mo* DATE *Sept - 17 - 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Snow Funeral Home*
Moberly Mo.

20. FILED *Sept 15 - 1939* *Leah Williams*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept - 15 - 1939*
22. I HEREBY CERTIFY, That I attended deceased from *Sept 7* 19*39*, to *Sept 10* 19*39*
I last saw him alive on *Sept 14* 19*39* Death is said to have occurred on the date stated above, at *2:45 A.M.*
The principal cause of death and related causes of importance were as follows:

Mitral stenosis

Date of onset *?*

Other contributory causes of importance:
acute indigestion

Sept 7/39

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? *no*
If so, specify _____
(Signed) *J. M. Black* *1* M. D.
(Address) *402 1/2 Ave St Moberly Mo*

RECEIVED

District Health Officer No. 10

District File Number 10-39-1830

Date Filed OCT 11 1939

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 Myself
and R. M. Pater, Registered Apprentice No. 185
working under my personal supervision.

Signed

Chas. E. Hamers

Licensed Embalmer No. 2414

P. O. Address probably no

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.