

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21533

State File No. _____

Registration District No. 238

Primary Registration District No. 5324

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. Dade
(b) City or town. Lockwood township
(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. _____ (Specify whether)
In this community. 15 years
years, months or days)

3. (a) PRINT FULL NAME. Dora Jane Acock

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. female 5. Color or race. White 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife. John Acock 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. Oct 1 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 1 If less than one day
hr. _____ min.

9. Birthplace Dadeville Dade County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. House work

11. Industry or business. _____

12. Name. Richard Gray
13. Birthplace. Dont know (State or foreign country)
14. Maiden name. Margaret E. Stanley
15. Birthplace. Nashville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant. Mattie A. Gray

(b) Address. Lockwood Missouri

17. (a) Burial (b) Date thereof. Mar 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lockwood, Cemetery

18. (a) Signature of funeral director. R. L. Hamschild

(b) Address. Lockwood, Missouri

19. (a) 3-3-41 (b) J. A. Warren 215
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Dade
(c) City or town. Lockwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day March
year 1941 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 2, 1940, to March-7, 1941
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. of rupture of placenta
Duration _____

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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. T. D. Combs (M. D. or other) 0
Address Lockwood Mo Date signed 3-3-41

RECEIVED

District Health Officer No. 6,

District File Number 741-1238

Date Filed JUL 15 1941

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 R. L. Hainschilch

Licensed Embalmer No. 3234

P. O. Address Lockwood 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, fact should be so stated above.