

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17348

FILED JUN 22 1942

Registration District No. 73

Primary Registration District No. 3006-5-1-18-

Registrar's No. 70

1. PLACE OF DEATH:

(a) County. **BOONE**
(b) City or town. **COLUMBIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. **LIFE**
years, months or days)

3. (a) PRINT FULL NAME **HARRY S. ACTON**

3. (b) If veteran, name war **XX**
3. (c) Social Security No. **486-12-2630**

4. Sex. **MALE**
5. Color or race. **WHITE**
6. (a) Single, widowed, married, divorced. **MARRIED**

6. (b) Name of husband or wife. **JENNIE LAUX ACTON**
6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. **AUGUST 17 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 16 hr. min.

9. Birthplace. **BOONE CO. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation. **STREET DEPT**

11. Industry or business. **CITY OF COLUMBIA**

12. Name. **AARON ACTON**

13. Birthplace. **Boone Co. MO.**
(City, town, or county) (State or foreign country)

14. Maiden name. **MARTHA RUSSELL**

15. Birthplace. **Boone Co. MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant. **JENNIE ACTON**

(b) Address. **713 WEST ASH**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof. **5-7-42**
(Month) (Day) (Year)

(c) Place: burial or cremation. **MEMORIAL PARK CEM**

18. (a) Signature of funeral director. **H. C. C. C.**

(b) Address. **COLUMBIA**

19. (a) **5-7-42** (Date received local registrar) (b) **E. H. Barber** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **MISSOURI** (b) County. **BOONE**
(c) City or town. **COLUMBIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **713 W. ASH ST**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **# 3rd**
year **1942** hour **6:15** minute **P** M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death.

Apoplexy

Due to.

Stuffed Seal in Bath Room

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?

(Specify type of place) While at work (e) Means of injury

23. Signature **John M. Mason** (M. D. or other)

Address **Columbia Mo** Date signed.

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

MOTHER FATHER

1250

(Licensed Embalmer's Statement on Reverse Side)

8688

SEP 25 1962

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, by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lyman T. Sprinkle

Licensed Embalmer No. 4013

P. O. Address. Columbis, 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.