

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2202

Registration District No.

Primary Registration District No. 5465

State File No.

Registrar's No. 49

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital N. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Months
(Specify whether
In this community 20 Years
years, months or days)

3. (a) PRINT
FULL NAME Elmer Acton3. (b) If veteran, Unknown name was Unknown 3. (c) Social Security
No. Unknown

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Unknown 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months Days If less than one day
Approx hr. min.9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farmer

MOTHER FATHER { 12. Name Jack Acton
13. Birthplace Unknown Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Smith
(b) Address 608 Jones Alley Spfg. Mo.
17. (a) Burial (b) Date thereof 1-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut Springfield, Mo.
19. (a) 1-18-43 (b) Dr W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Rural N. Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. County Hospital Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1943 hour 3 minute 00 P. M.21. I hereby certify that I attended the deceased from Jan
2 1942, to Jan 15 1943
that I last saw him alive on Jan 15 1943
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia Duration 3 daysDue to 93d

Due to

Other conditions Hypertension, essential
(Include pregnancy within 6 months of death) Myocarditis, ChronicMajor findings: Of operations PHYSICIAN

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 023. Signature James F. Ames (M. D. or other) 0
Address Springfield, Mo. Date signed 1-18-43

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.....

Body Was Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank Grable Jr.

Licensed Embalmer No. *4140*

P. O. Address.....

Springfield, 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.

X