

V. S. No. 2
M-11-10-30
Rev. 5-17-30
U. S. I. 21195

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18756**

Registration District No. **291**

Primary Registration District No. **5990**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **RURAL - JACKSON**
(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
In this community **LIFE TIME** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ALICE ACRE**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **—**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **—** years
7. Birth date of deceased **MARCH - 10 - 1872**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **1** If less than one day **—** hr. **—** min.

9. Birthplace **Putnam County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOUSEWORK**

MOTHER FATHER { 12. Name **GEORGE W ACRE**
13. Birthplace **UNKNOWN** 9 (City, town, or county) (State or foreign country)
14. Maiden name **HARRIET WINCHELL**
15. Birthplace **PENN** 1 (City, town, or county) (State or foreign country)

16. (a) Informant **John P. Maurer**

(b) Address **217 W. 12th St. Columbia Mo.**

17. (a) **BURIAL** (b) Date thereof **MAY - 16 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WINCHELL CEMETERY**

18. (a) Signature of funeral director **Samuel's FUNERAL HOME**

(b) Address **Unionville, Mo. By J. W. Samuel**

19. (a) **4/43** (b) **—**
(Date received local registrar) (Signature of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam**
(c) City or town **RURAL - JACKSON**
(If outside city or town limits, write "RURAL")
(d) Street No. **Township 0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **—** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **11**
year **1943** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from **April 13**, 1943, to **May 11**, 1943;
that I last saw her alive on **April 11**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary**
arterial sclerosis
disease

Due to **—**
Due to **—**

Other conditions **920**
(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) (d) Means of injury **—**

23. Signature **J. W. Samuel** (Mr., D., or other) **—**
Address **Unionville, Mo.** Date signed **May 13 1943**

RECEIVED

District Health Officer No. 10

District File Number 6431059

Date Filed JUN 10 1943

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.

Signed James W Cornstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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, above space should be left blank.