

Registration District No. **479**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **CALLAWAY**
(b) City or town **FULTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
617 VINE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **BARTON M. ACREE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **LEONA WRIGHT-ACREE** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **MARCH 21 1880**
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **8** If less than one day hr. min.

9. Birthplace **CALLAWAY COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **PRODUCE MERCHANT**

11. Industry or business **PRODUCE**

12. Name **GEORGE ACREE**
13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **PERMELIA McANINCH**
15. Birthplace **CALLAWAY COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs B. M. Acree**
(b) Address **Fulton, Mo.**

17. (a) **BURIAL** (b) Date thereof **3-30-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **EBENEZER CEMETERY**

18. (a) Signature of funeral director **Walter Funeral Home**
(b) Address **Fulton, Mo.**

19. (a) **3-30-1944** (b) **John M. ...**
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**
(c) City or town **FULTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **617 VINE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1944** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Jan. 7, 1944** to **March 29, 1944**
that I last saw him alive on **March 28, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **3 months**

Due to **arteriosclerosis**

Due to

Other conditions (include pregnancy within 3 months of death) **940**

Major findings: Of operations **none** Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **Henry ...** (M. D. or other) **MD**
Address **Fulton, Mo.** Date signed **3/29/44**

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

APR 12 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-8-44

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____ *E. E. White*

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.