

S. No. 2
M-2-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11665**

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jennings

(b) City or town Bragg City Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Parsons Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community About 200 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pennscoth

(c) City or town Bragg City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME James Henry Acall

3. (b) If veteran, name war _____

3. (c) Social Security No. 540-28-7901

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1944 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from 3-28-44
19____, to 3-28-44, 19____
that I last saw him alive on Dead
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 18 1878
(Month) (Day) (Year)

Immediate cause of death Acute dilatation of heart

Due to myocarditis

8. AGE: Years 65 Months 8 Days 10
If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 93 et

Major findings: Of operations _____

Of autopsy _____

9. Birthplace: Denton, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Denton

13. Birthplace Denton 9
(City, town, or county) (State or foreign country)

14. Maiden name Denton

15. Birthplace Denton 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Crast

(b) Address Bragg City Rural 1 Mo

17. (a) Burial (b) Date thereof 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bragg City

18. (a) Signature of funeral director L. H. B.

(b) Address Kennett, Mo.

19. (a) 4-3-1944 (b) Mrs J. R. Cole
(Date received local registrar) (Registrar's signature)

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 Alex H. Johnston D.O.
(M.D. or other)

Address Kennett, Missouri Date signed 3/28/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

78
00

3-44-44

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, or by.....

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

Signed *Walter A. Harp*
Licensed Embalmer No. *2002*
P. O. Address *Kennett 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.