

Registration District No. 237

Primary Registration District No. 3045

Registrar's No. 76

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1 week
(Specify whether _____)

3. (a) PRINT FULL NAME Thornton Hurry Acklin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sarah E. Acklin 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 4 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Brownville Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name John Acklin
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Anna Lease
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Acklin
(b) Address Graham Mo

17. (a) Burial (b) Date thereof 5-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Graham S.O.F.

18. (a) Signature of funeral director Ray Stull Funeral Home
(b) Address Maryville Missouri

19. (a) 5-2-44 (b) Lucy Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Graham
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) Rural
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1944 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from April 22 1944 to April 30 1944
that I last saw him alive on April 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis + Uremic Poisoning
Cancer of Prostate

Due to _____
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? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature W.R. Parker (M. D. or other) _____
Address Maryville Mo Date signed 5-1-44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 25 1944

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.....

Marjorie Lulu Campbell Registered Apprentice No. *360*
working under my personal supervision.

Signed *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville TN*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.