

FILED MAY 15 1944

Registration District No. 228

Primary Registration District No. 6148

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Stoddard  
 (b) City or town Bloomfield, Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 1 Years  
 years, months or days)

3. (a) PRINT FULL NAME GERALDINE MARIE ACORD

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ralph Acord 6. (c) Age of husband or wife if alive 26 years  
 7. Birth date of deceased Jan. 31 1919  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 1 2 hr. min.

9. Birthplace Bloomfield, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name O. F. Graves  
 13. Birthplace Bloomfield, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nora M. Chasteen  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph M. Acord  
 (b) Address Bloomfield, Mo. Rural  
 17. (a) Burial (b) Date thereof Mar. 9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Zion cemetery

18. (a) Signature of funeral director Chiles Ind. Co.  
 (b) Address Bloomfield, Mo.  
 19. (a) April 6 1944 (b) Paul E. Chune  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
 (c) City or town Bloomfield, Rural 103  
 (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd  
 year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from MARCH 3, 1944 to MARCH 3, 1944  
 that I last saw her alive on MARCH 3, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death

PULMONARY EMBOLUS  
(PUERPERAL)

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

1. Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 work)

(e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (a. D. or other)  
 Address BLOOMFIELD Date signed 3-10-44

RECEIVED

District Health Office No. 2

District File Number 544-72

Date Filed 5-11-44

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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 L. L. L.

Co. 100, Registered Apprentice No. 100,  
working under my personal supervision.

Signed John P. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.