S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3764

Registration District No. 61-66 346 Primary Registration District No. 344 4507 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Crane Mo
(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 (Specify whether
In this community about 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Crane 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ross B. Acree

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 0

5. Color or race wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov (Month) 11 (Day) 1884 (Year)

8. AGE: Years 58 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Casterville Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Guide

11. Industry or business

FATHER
12. Name Frank Acree
13. Birthplace Ill
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth A Rousey
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Homer Campbell
(b) Address Crane Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Mo

18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena Mo.

19. (a) July 21-43 (Date received local registrar) (b) George Monlon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 18, 1943 that I last saw him alive on July 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver C

Due to Generalized Ascitis

Due to Chronic Myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 year

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. P. Lyttle M.D. (M.D. or other)
Address Crane, Mo Date signed 7-23-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 145.95
Date Filed JAN 17 1945

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.