

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
 BUREAU OF THE CENSUS
FILED OCT 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. **32976**
 Registrar's No. **210**

Registration District No. **1** Primary Registration District No. **3000**

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years.
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Veneda Esther Acton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Sept. day 4
 year 1945 hour 4:59 minute A. M.
 21. I hereby certify that I attended the deceased from Aug 31 1945 to Sept 4 1945
 that I last saw her alive on Sept 4 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Buell Acton
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased July 10 1921
(Month) (Day) (Year)

Immediate cause of death Peritonitis
 Due to Intestinal obstruction
caused by
 Due to obesive failed
 Other conditions Spontaneous delivery of premature infant (6-7 mo)
(Include pregnancy within 3 months of death)
 Major findings: Peritonitis, intestinal obstruction - intestinal rupture
 Of autopsy

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>1</u>	<u>24</u>	hr. _____ min.

9. Birthplace Pleasantville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name W. E. Dickenson

13. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Veola S. Davis

15. Birthplace Unknown N. J.
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Dickenson

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fugate Cemetery

18. (a) Signature of funeral director Berkley

(b) Address Kirksville, Missouri

19. (a) 9-18-45 (b) Mrs. E. Wagoner
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Intestinal obstruction
caused by
obesive failed

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? _____

23. Signature Carl Laughlin (Specify type of place) _____
(e) Means of injury
 Address Kirksville, Mo. (M.D. or other) Do
 Date signed 9-15-45

RECEIVED

District Health Officer No. 10

District File Number 10-45-1542

Date Filed Oct 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.....

D. W. Riley

Licensed Embalmer No. 4121

P. O. Address Knoxville 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.