

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25062

FILED AUG 13 1947

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 63

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 LIFE TIME years, months or days

3. (a) PRINT FULL NAME LEEOTIS OSCAR ACKLEY

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JANUARY 29 1974 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 23 If less than one day hr. min.

9. Birthplace PUTNAM COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Retired 13 years

12. Name JACOB F ACKLEY

13. Birthplace ORANGE COUNTY NEW YORK (City, town, or county) (State or foreign country)

14. Maiden name MARY EVELENE BALES

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

16. (a) Informant Lola Doyle

(b) Address Unionville, Missouri

17. (a) BURIAL (b) Date thereof JULY 24 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO. J. W. Comstock

19. (a) 8-5-47 (b) Marcell Durbin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE (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 —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22 year 1947 hour II minute 45 A.M.

21. I hereby certify that I attended the deceased from May 10 1947 to July 18 1947
that I last saw him alive on July 18 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of bowels Duration 9.

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 J. W. Comstock (M. D. or other) —
Address Unionville MO Date signed 7/23/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 8-47-10-50
Date Filed AUG 12 1947

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.....

James W. Comstock
Licensed Embalmer No. 4197

P. O. Address.....

Unionville, Me.

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.