o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 167
Primary Registration District No. 1000
Registrar's No. 61

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3517 Lafayette /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 32? years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 Lafayette 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Clara Mae Acton
3. (b) If veteran, name war No
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 James William Acton
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January (Month) 14 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	3	hr. min.

9. Birthplace Oregon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business At home
FATHER
12. Name Jack Norville
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Sophronia Harris
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9 /
16. (a) Informant James W. Acton
(b) Address St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 1-21-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1948 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from November 10, 1947, to Dec 14, 1947; that I last saw her alive on Dec 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart disease	1 yr.
Due to: Arteriosclerosis, general.	5 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 0

23. Signature H. H. Cale (M. D. or other)
Address St. Joseph, Mo. Date signed 1/19/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Francis Joseph Wyland Jr. Registered Apprentice No. 444, working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph M

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.