

STANDARD CERTIFICATE OF DEATH

State File No. **22166**

National Office of Vital Statistics

FILED JUL 31 1948

Registration District No. **38**Primary Registration District No. **5120**Registrar's No. **209**

1. PLACE OF DEATH:

(a) County **Boone**
 (b) City or town **Browns Station**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Route 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

MARY FRANCES ACTON

3. (b) If veteran,

None

3. (c) Social Security No.

None

name war

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **James Acton** 6. (c) Age of husband or wife if alive **22** years
 7. Birth date of deceased **8 - 22 - 1870**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **1** If less than one day
 hr. min.

9. Birthplace **Boone County Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Frank Foley**

13. Birthplace **Boone County Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Nancy Pendergast**

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

16. (a) Informant **Tilford Acton**

(b) Address **Route 1, Browns Station, Mo.**

17. (a) **Burial** (b) Date thereof **7-25-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Parker Funeral Service**

(b) Address **Columbia, Mo.**

19. (a) **7-24-48** (b) **Mrs. R.E. Palmer**
 (Date received local registrar) (Registrar's signature)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
 (c) City or town **Browns Station**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Route 1** (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 **23**
 year **1948** hour **8** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **May 12, 48**
May 12, 1948 to **July 23, 1948**
 that I last saw him alive on **July 23, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**

Due to

Due to

Other conditions
 (Include pregnancy within 8 months of death)

Major findings:
 Of operations

Of autopsy

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 **Royd Simpson** (M. D. or other)

Address **506 Cherry St. Columbia, Mo.** Date signed **7-29-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—DO NOT WRITE IN RED INK

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 30 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.