S. No. 7
M—2-43
. 5-17-39
I X35697

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

14630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15738

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. 9

1. **PLACE OF DEATH:**
(a) County Boone
(b) City or town Rural (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 years, months or days) In this community Life

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Boone
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles South Columbia, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eliza Lena ACTON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Riggs Acton
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October (Month) 10 (Day) 1889 (Year)

8. AGE: Years 56 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Boone CO., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name J.S. Taylor
13. Birthplace Boone Co., (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name Mary E. Cromp
15. Birthplace Boone Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Riggs Acton
(b) Address Columbia, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation ##### Nashville Cem.
18. (a) Signature of funeral director A.O. Hallett & S.
(b) Address 407 C.C. Ave., Columbia, Mo.
19. (a) 5-21-46 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 12 year 1946 hour 10 P.M. minute ____ M.
21. I hereby certify that I attended the deceased from / , 1946 to July 12 , 1946 that I last saw her alive on May 5 , 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 H.B. Ayres (M. D. or other)
Address Ashland Mo Date signed 5-14-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 6-8-46

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 Leonard A. Sfreddo

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.