

FILED APR 1 1947
37

Registration District No. 37

Primary Registration District No. 4214

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution: 201 E. 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E. 2nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Mr. Richard L. Acock

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Acock 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 1-15-1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Linnville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Decker Acock

13. Birthplace Windsor, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cunningham

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

16. (a) Informant Mrs. Elva Dickey

(b) Address Windsor, Mo.

17. (a) Burial (b) Date thereof 3-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Cemetery

18. (a) Signature of funeral director Frank W. Hatcher

(b) Address Windsor, Mo.

19. (a) 3-27-47 (b) H. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-26-47 day _____ hour 2:15 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on 3-26-47, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration _____

Due to retention of gas in stomach & rigidity of right foot & leg.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations AT

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Richard Windsor (M. D. or other) MD
Address Windsor, Mo. Date signed 3-26-47

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

2
2
2

RECEIVED
Director Health Officer No. 7
2-4-78
District No. 1-3-31
Date Paid 3-1-79

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.....

Fred E. Williams, Registered Apprentice No. 434
working under my personal supervision.

Signed Fred E. Williams
Licensed Embalmer No. 2478
P. O. Address Clinton 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.