

Form No. 2
4-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
18 1940
07 83

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33374**
Registrar's No. _____

Registration District No. **83**
Primary Registration District No. **878 6158**

08

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural, Virgil Twp.
(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 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELWOOD ACKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Adelaide Acker 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April-11-1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. E. Acker

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

14. Maiden name Vellera Bishop

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

16. (a) Informant Mrs T. E. Abbott

(b) Address El Dorado Springs, Mo

17. (a) Rural (b) Date thereof 9-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Virgil City, Mo

18. (a) Signature of funeral director Gurim-Siders

(b) Address El Dorado Springs, Mo

19. (a) _____ (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Rural, Virgil Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 19
year 1940 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 7th, 1940 to Sept. 19, 1940; that I last saw him alive on July 7th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum

Due to _____
Due to 4th

Other conditions (Include pregnancy within 3 months of death)

Major findings: colostomy 6-8-1940
General metastatic through out abdomen.
Of autopsy none

Duration
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? 7th
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. Dawson (M. D. or other) _____
Address El Dorado Springs Mo Date signed 9-20-40

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1495

Date Filed 10-14-40

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 M. D. Swann

Licensed Embalmer No. 2034

P. O. Address Elkwood Ave. W.

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, above space should be left blank.