No. 2
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FILED MAY 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13375

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1356

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3620 Bennington St K C Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution →
(Specify whether

In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 Bennington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Edward Acock

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mattie Acock

6. (c) Age of husband or wife if X alive 60 years

7. Birth date of deceased 12 (Month) — 23 (Day) — 1883 (Year)

8. AGE: Years 57 Months 3. Days 14 If less than one day ___ hr. ___ min.

9. Birthplace Jackson (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation City Employ

11. Industry or business

FATHER
12. Name James Acock
13. Birthplace Not Known (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mathisa Jane Roland
15. Birthplace Not Known (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant William Acock

(b) Address 3716 Fremont Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) - 8 (Day) - 41 (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director Ott and Mitchell

(b) Address 710 N. Main St. Independence Mo.

19. (a) Apr 7 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 21, 1941, to April 5, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial ~~[illegible]~~ Failure

Due to Myocardial degeneration

Due to Coronary atherosclerosis

Other conditions Sarcoma of bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations ~~[illegible]~~

Of autopsy 5 [illegible]

Duration: Unknown known to exist at least since Oct. 1940

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 0

(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 Wm. I. Lant (M. D. or other) M.D.

Address Date signed 4/6/41

(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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 646

P. O. Address Independence Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.