

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

1. PLACE OF DEATH: Webster
 (a) County Webster
 (b) City or town Rural, E Benton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME JOYCE MARIE Acton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 10 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Jack Acton
 13. Birthplace Christian Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Bessie Kensingler
 15. Birthplace Webster Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Willie Kensingler
 (b) Address Fordland Mo. Route 2

17. (a) Burial (b) Date thereof Sept 18 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director X N. Kelley
 (b) Address Summers Mo.

19. (a) 9-22-42 (b) Susie O. Boush
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Rural
 (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.? 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 18
 year 1942 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 11, 1942, to Sept. 18, 1942;
 that I last saw h. er alive on Sept. 16, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 1610

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature J. E. Blinn (M. D. or other) D.O.
 Address Fordland, Mo. Date signed 9/18/42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1480

Date Filed OCT 12 1942

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.....

This Body was not embalmed

....., 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.