

S. No. 2
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7.5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22569

State File No. _____

Registrar's No. 68

Registration District No. 2

Primary Registration District No. 2012

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

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Union Star Mo. Rural (Empire)
(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
 In this community 71 years
years, months or days)

3. (a) PRINT FULL NAME William Sherman Acord
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married
2 divorced widowed
 6. (b) Name of husband or wife Lillie L Acord 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 30, 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days 17 If less than one day
 hr. _____ min.

9. Birthplace pattonsburg Mo 17
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business
 12. Name William H. Acord
 13. Birthplace Zanesville Ohio 1
(City, town, or county) (State or foreign country)
 14. Maiden name Salena Armstrong
 15. Birthplace Zanesville Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nola DeVal
 (b) Address Maxwell Road, St. Joseph, Mo.
 17. (a) Burial (b) Date thereof June 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Quile M. Wilson
 (b) Address King City, Mo.
 19. (a) 6-18-46 (b) William Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1946 hour 4 minute _____ a.m.
 21. I hereby certify that I attended the deceased from
June 12, 1946 to June 16, 1946
 that I last saw June 14, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 Day
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations _____
 Of autopsy _____

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 _____
 23. Signature E M Reynolds (M. D. or other) _____
 Address Union Star, Mo Date signed 6-12-46

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..... *Louis M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address..... *King City, 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.