

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1310 Brush Creek Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether)

In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1310 Brush Creek Blvd.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Fred Elwood Aclin

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Cora Carl Aclin

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: April 2 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	6	4	hr. min.
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9. Birthplace Paris, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business X

12. Name Dr. Robert Waldo Aclin

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

14. Maiden name Mary Elizabeth Cook

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

16. (a) Informant Mrs. Cora Aclin

(b) Address 1310 Brush Creek, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 10-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-9-46 M. Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1946 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July 29
1946 to Oct. 6 1946.

that I last saw him alive on Sept. 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis acute

Primary

Due to Cancer of prostate & cancer of bone about 1/2

Due to _____

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

Major findings: _____

Of operations 516

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 M. B. Boyer (M. D. or other) _____

Address 1009 E 47th St. Mo. Date signed Oct 8, 1946

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

Dr. A. B. Boyer, 1009 E. 47

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 *J. Clair Shepard*
.....
Licensed Embalmer No. *4179*
.....
P. O. Address *H. C. Mason*
.....

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.