

FILED APR 1 1947

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Franklin County
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 24 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Rasael William Accola

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color White

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

6. (b) Name of husband or wife Rose Accola

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

7. Birth date of deceased June 12 1873

(Month) (Day) (Year)

8. AGE:

Years 73 Months 11 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Unknown

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Henry Accola

(City, town, or county) (State or foreign country)

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

(City, town, or county) (State or foreign country)

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Orville J Accola

(b) Address RR 2 Pacific Mo

17. (a) Burial

(b) Date thereof 3/19/47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director Rasael William Accola

(b) Address 2825 N. Grand Blvd. St. Louis, Mo

19. (a) 3/18-47

(b) _____

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1947 hour 7 minute 28 P. M.

21. I hereby certify that I attended the deceased from 3-13 1947 to 3-16 1947
that I last saw him alive on 3-16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Infectious pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Tubercle pneumonia

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 1

23. Signature Th. Seney (M. D. or other) MD

Address Union, Mo Date signed 3-16-47

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

MOTHER FATHER

36
6
2

99

RECEIVED
District Health Officer No. 9,
District File Number 3/31/47
Date Filed

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. Allen Davis
Licensed Embalmer No. 4653
P. O. Address St. Louis, 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.