

FILED SEP 8 1944
338

Registration District No. 2338

Primary Registration District No. 6148

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None / Costa
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ---
(Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME ROBERT M. ACORD

3. (b) If veteran, name war. ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. R. M. Acord

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

7. Birth date of deceased November 29, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	29	hr. min.

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

10. Usual occupation Farmer

11. Industry or business "

MOTHER, FATHER {

12. Name Martin Acord

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

14. Maiden name Elizabeth Wright

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

16. (a) Informant Howard Acord (Son)

(b) Address Bloomfield, Mo. Rural

17. (a) Burial (b) Date thereof 8/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) 8/24/44 (b) Pearl Elmore
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th
year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 11, 1944 to Aug 18, 1944
that I last saw him alive on Aug 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

9564

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)

Means of injury.....

23. Signature John Wilson (M. D. or other) 0
Address Bloomfield, Mo. Date signed 8/24/44

RECEIVED

District Health Office No. 2,

District File Number 944-1185

Date Filed 9-6-44

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 Ivan C.

Cooper

Registered Apprentice No. _____

working under my personal supervision.

Signed

Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.