

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23046

State File No. \_\_\_\_\_

FILED AUG 5 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 5287

Registrar's No. 98

24  
OC

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:  
One mile North West Mosby Mo.  
(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 about 3 years (years, months or days)

3. (a) PRINT FULL NAME ROBERT CLYDE ACREE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

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 unknown 1939  
(Month) (Day) (Year)

8. AGE: Years 7 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ray Co. Mo.!  
(City, town, or county) (State or foreign country)

10. Usual occupation none School

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Charley Acree

13. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Freda Jeffers

15. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Acree

(b) Address Mosby Mo.

17. (a) Removal (b) Date thereof 7-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Urgel Hope

(b) Address Excelsior Springs Mo.

19. (a) 7/25/46 (b) Barbara Stithing  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Mosby, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. none (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1946 hour 11:00 minute 0 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,

and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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) Drowning 14

(b) Date of occurrence 7-23-1946

(c) Where did injury occur? R.F.D. Fishing River  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1 mi. N.W. Mosby Mo. Fishing River  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R.W. Peacher (M. D. or other)

Address Excelsior Springs, Mo. Date signed 7-23-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-3-46

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

James A. Moles

Licensed Embalmer No.

3296

P. O. Address

Ex Springs 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.