

SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29195

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
(b) Township Gasper Primary Registration District No. 2915
(c) City Gasper (d) Street No. 69th Registered No. 2915
(If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.
(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. 21042 St. 4th (If nonresident, give city or town and State)
(Usual place of abode, give street address, write county and city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF C. H. Ackerman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1881
7. AGE YEARS 57 MONTHS 0 DAYS 9 LESS than 1 day, 0 hrs. 0 min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as saw mill, bank, etc. Home duties
10. Date deceased last worked at this occupation (month and year) Jan 1, 1938 11. Total time (years) spent in this occupation 37

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938 to Aug 25, 1938
I last saw him alive on Aug 25, 1938 Death is said to have occurred on the date stated above, at 12 hrs.
The principal cause of death and related causes of importance were as follows:
Date of onset Aug 25, 1938

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertension

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) Ed. J. James M. D.

(Address) 7084 W. 11th St., St. Louis, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heggenville, Mo.
13. NAME Walter Ackerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
15. MAIDEN NAME Sallie Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record
17. INFORMANT C. A. Ackerman
(ADDRESS) Gasper, Mo.
18. BURIAL, CREMATION, OR REMOVAL Springfield, Mo. 8-28-38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. J. James
20. FILED 8-20-38

RECEIVED

District Health Officer No. 6,

District File Number 6-38-189

Date Filed 9/20/38

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 _____

Licensed Embalmer No. 25481

P. O. Address 707 Lincoln

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, above space should be left blank.