REC'D FEB 11 1939

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

1861
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 22
(c) City Cape Girardeau (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 255 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Lloyd Ackman
(a) Residence, No. 1705 Independence St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1938

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo. 0

FATHER
13. NAME Robert Ackman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing, Mo. 0

MOTHER
15. MAIDEN NAME Ester McCain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT Robert Ackman
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel Cemt DATE Jan. 14, 19 39

19. FUNERAL DIRECTOR (NAME) Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo. 131

20. FILED 1-13, 1939 J. M. Thompson
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1938, to 1-13, 1939
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:30A m.
The principal cause of death and related causes of importance were as follows:

Date of onset 12-7-38
Broncho-Pneumonia
Pertussis

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Scruby, M. D.
(Address) Cape Girardeau Mo

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 L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.