

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14508

State File No. _____
Registrar's No. 146

MAY 13 1940 124

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.
(b) City or town "
(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 3 days
(Specify whether years, months or days) all her life

3. (a) PRINT FULL NAME Maudie May Ackman
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John M. Ackman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14, 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name George Sider
13. Birthplace Leman, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Danner
15. Birthplace Oniale, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John M. Ackman
(b) Address Nellys Landing, Mo.

17. (a) Burial (b) Date thereof 4-13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethel Cem.

18. (a) Signature of funeral director J. P. Danner
(b) Address Cape Girardeau, Mo.

19. (a) 4-11-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape
(c) City or town Nellys Landing
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
year 40 hour 7 minute 35 M.
21. I hereby certify that I attended the deceased from 4-8-40 to 4-11-40
that I last saw him/her alive on 4-10-40
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following: none

(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 _____

23. Signature J. P. Danner (M. D. or other) MD
Address Cape Girardeau, Mo. State signed 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.....

Howard L. Herman

Licensed Embalmer No.....

4132

P. O. Address.....

Cape Girardeau

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.