DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34686

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 135

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

1. PLACE OF DEATH

(a) County Audrain

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

(c) Name of hospital or institution: None 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether

In this community 50 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. 401 W. Monroe
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CHARLES W. ACKMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Minnie Ackman

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 21 (Day) 1854 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13

year 1940 hour 8 30 minute P M.

21. I hereby certify that I attended the deceased from April 11 1940, to Oct 13 1940; that I last saw him alive on Oct 13 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Degenerative Myocarditis with associated Congestive Heart failure	2 yrs 2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Fracture right Rib 4-11-40.	

Major findings:
Of operations None.

Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years	86
Months	05
Days	22
If less than one day: hr. ____ min.	

9. Birthplace Cook Co Ill (City, town or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Conrad Ackman

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

MOTHER

14. Maiden name Kanly

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

16. (a) Informant Mrs W. Ackman

(b) Address Mexico, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 15 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Elgin Ill

18. (a) Signature of funeral director Elmer Arnold

(b) Address Mexico Mo

19. (a) Oct-14-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None 4-11-40

(b) Date of occurrence Accidental fall. Not considered cause of death

(c) Where did injury occur? Home Mexico Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home.

While at work? No (Specify type of place) (e) Means of injury fell down stairs at home

23. Signature Harry F. Ahmann (M. D. or other)

Address Mexico Mo Date signed 10/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2084
Date Filed NOV 8 1940

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 Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Milford, Ne

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.