

Registration District No. 417

Primary Registration District No. 5561.0.

Registrar's No. 110

1. PLACE OF DEATH: Jasper

(a) County Jasper
(b) City or town Joplin Rural
(c) Name of hospital or institution: 5 Miles North of Joplin
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution NO
(If not in hospital or institution, write street number or location)
In this community 6 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Barbara June Ackerson

3. (b) If veteran, No
3. (c) Social Security No. NO

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 10 hr. min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name John Ackerson

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

14. Maiden name Patricia Patton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dorothy Ackerson

(b) Address New Addition - Joplin Mo.

17. (a) Burial (b) Date thereof 10-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director HURLBUT UND CO

(b) Address 212 Joplin St. Joplin Mo.

19. (a) OCT. 12. 40 (b) J. L. F. Schenck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles North of Joplin
(If rural, give location)
(e) If foreign born, how long in U. S. A? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from

19 to 19
that I last saw him alive on October 12 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis -
Acute

Duration

Due to Intussusception
Conditions 11/11

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy View

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) ✓

(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?

317 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Winchester Coroner

Address Joplin Mo. Date signed 10-12-40

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.

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.