

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10975

State File No. ....

Registration District No. 411Primary Registration District No. 2002Registrar's No. 70

## 1. PLACE OF DEATH:

(a) County Jasper  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
815 Finn  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 1 month  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Larry Ackerson, Jr.

3. (b) If veteran, name war \*\*\*  
 3. (c) Social Security No. \*\*\*

4. Sex Male 0  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased February 4, 1942  
 (Month) (Day) (Year)

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

9. Birthplace Joplin 0 Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Leroy Ackerson  
 13. Birthplace Joplin 0 Missouri  
 (City, town, or county) (State or foreign country)  
Florence Garrett  
 14. Maiden name  
 15. Birthplace Joplin 0 Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Larry Ackerson  
 (b) Address 815 Finn Joplin, Mo.  
Burial (b) Date thereof 3/6/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Forest Park Cem.  
 (c) Place: burial or cremation

18. (a) Signature of funeral director Hurlbut Und. Co.  
 (b) Address Joplin, Mo.  
 19. (a) 3-7-42 (b) Gertrude Sudkoelte  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049  
 (c) City or town Joplin 2  
 (If outside city or town limits, write "RURAL") 5  
 (d) Street No. 815 Finn  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
 year 1942 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from 3-4-42  
 19. to 3-5-42 19.  
 that I last saw h.i.m. alive on Mar 5 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia ✓  
 Duration

Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy

## 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?

While at work? (Specify type of place) Means of injury 7

23. Signature R.E. Maloney (M. D. or other) D.O.  
 Address Joplin Mo Date signed 3/6/42

1204

(Licensed Embalmer's Statement on Reverse Side)

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 *Steve D. Parker*  
Licensed Embalmer No. *2545*  
P. O. Address *Johns...*

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.

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Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Larry Ackerson Jr.

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Feb 4 1943  
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry of business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19...  
that I last saw him alive on 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Bronchial Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S-10975 1942