

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34062

State File No.

FILED NOV 6 1942

Registration District No. 163

Primary Registration District No. 3034

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 517 N. 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME ROSE MAGNOLIA ACKERSON

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, 3 divorced, widowed
(b) Name of husband or wife Wm. Vernon 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased Aug. 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 14 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James P. Ackerson
13. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Jolly
15. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Butler
(b) Address De Soto Mo.

17. (a) Burial (b) Date thereof Nov. 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address De Soto Mo.

19. (a) 11-2-42 (b) Fernal Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 517 N. 9th
(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 Oct day 31
year 1942 hour 1 minute 00 PM

21. I hereby certify that I attended the deceased from Oct 20th 1942 to Oct 31st 1942
that I last saw her alive on Oct 28
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation of Heart Duration 3 yrs

Due to senility 5 yrs

Due to Malnutrition 1 yr.

Other conditions 92 lb
(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:

(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 0

23. Signature J. H. Elders (M. D. or other) MD
Address De Soto Date signed 11/2/42

587 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Samuel B. Dietrich

Licensed Embalmer No.....

4104

P. O. Address.....

depto Ma

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.