

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.

FILED NOV 19 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36598

1. PLACE OF DEATH
County Bates Registration District No. 28
Township Walnut Primary Registration District No. 5099
City Marion Mo (No. 0) St. 0 Ward 0
2. FULL NAME JOHN, WILLIAM ACKERMAN
(a) Residence, No. 1 St. 0 Ward 0
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — Mary Ackerman (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 - 1857
7. AGE YEARS 84 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Balem (STATE OR COUNTRY) North Carolina
13. NAME William Ackerman
14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)
15. MAIDEN NAME Ganetta Spock
16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)
17. INFORMANT Clara Clark (ADDRESS) Foster Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Independence DATE Oct 23, 1942
19. UNDERTAKER RW McConnell (ADDRESS) Hume Mo
20. FILED Oct 24, 1942 Ethel Goodenough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1942
22. I HEREBY CERTIFY, That I attended deceased from July 17, 1942 to Oct 14, 1942
I last saw him alive on Oct 14, 1942 Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:
Pneumia -
12/10
Other contributory causes of importance:
Pneumia Sterilitis
Hepatitis -
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Chas. A. Lusk, M. D.
(Address) Butler, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1254

Date Filed 11-16-42