S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2556

State File No.

FILED FEB 13 1943
Registration District No. 5-6

Primary Registration District No. 2001

Registrar's No. 629

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:
503 McConnel Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community one month

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Kansas (b) County Labette 14
(c) City or town Altomont 3
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Leanders, Rude Ackerson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 4 (Day) 1874 (Year)

8. AGE: Years 79 | Months | Days 20 | If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Bridgebuilder
11. Industry or business Frison Railway Co.

FATHER
12. Name George Ackerson Ill1 /
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Morgan
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs. Ralph Mains
(b) Address 503 McConnell St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Altamont / Kansas
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Street
19. (a) 1-25-43 (Date received local registrar) (b) Gertrude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 3, 1943, to January 24, 1943, that I last saw h.. alive on January 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Diabetes and secondary anemia	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. E. W. Weygandt (M. D.) D.O.
Address 719-20 Frisco Bldg. Date signed 1/25/43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-1-34

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.