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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10568**

Registration District No. **51**

Primary Registration District No. **5182**

Registrar's No. **15**

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

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County **Cape Girardeau**	(a) State **Missouri** (b) County **Cape Girardeau**
(b) City or town **Shawnee Twp.** (If outside city or town limits, write "RURAL" and name of township)	(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(c) Name of hospital or institution: **Neelys Landing, Mo. R.F.D. # 1** (If not in hospital or institution, write street number or location)	(d) Street No. **Neelys Landing R.F.D. # 1** (If rural, give location)
(d) Length of stay: In hospital or institution............ (Specify whether years, months or days) In this community **68 years**	(e) Citizen of foreign country? **No** (Yes or No) If yes, name country........................

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Thomas Jefferson Ackman**

3. (b) If veteran, name war........

3. (c) Social Security No. ....

20. DATE OF DEATH: Month **March** day **17th** year **1944** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 26**, 1944, to **Mar 7**, 1944, that I last saw him alive on **Mar 7**, 1944, and that death occurred on the date and hour stated above.

4. Sex **Male**	5. Color or race **White**	6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Effie Foster**

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

7. Birth date of deceased **March** (Month) **5th** (Day) **1876** (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	0	12	....hr. ....min.

9. Birthplace **Cape Gir. County** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business................

12. Name **James Ackman**

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

14. Maiden name **Sarah Welty**

15. Birthplace **Cape Gir. Co.** (City, town, or county) **Missouri** (State or foreign country)

16. (a) Informant **Mrs. Effie Ackman**

(b) Address **Neelys Landing, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-19-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethel Cemetery**

18. (a) Signature of funeral director **L.L. Haman**

(b) Address **Cape Girardeau, Missouri.**

19. (a) **3-27-44** (Date received local registrar) (b) **Henry W. Hits** (Registrar's signature)

Immediate cause of death **Cerebral hemorrhage** — Duration **3 yrs**

Due to **Hypertension** — **10 yrs**

Due to ....

Other conditions **Myocarditis** — **5 yrs** (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?........ (c) Means of injury........

23. Signature **T E Ruff** (M. D. or other) **MD**

Address **Jackson mo** Date signed **3-24-44**

(Licensed Embalmer's Statement on Reverse Side)

1328

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...*Howard P. Hinman*...........................

Licensed Embalmer No.....4122...........................

P. O. Address..Cape Girardeau, Misso

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

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