

FILED APR 13 1944

Registration District No. 133

Primary Registration District No. 4070

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Norborne, Mo.  
(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 At home  
In this community Seventy Four Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Norborne  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Adolphine Heebel Ackerman.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive none years  
7. Birth date of deceased Dec 17 1854  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housekeeper.

11. Industry or business \_\_\_\_\_

12. Name Heebel

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

14. Maiden name Heebel

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

16. (a) Informant Mary B. Bruemmer  
(b) Address Norborne, Mo.

17. (a) Burial (b) Date thereof 3-13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Missouri.

18. (a) Signature of funeral director John Ditch

(b) Address Norborne, Missouri.

19. (a) 3-13-1944 (b) Mr. James Rafferty  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th.  
year 1944 hour 12 minute 45/A. M.  
21. I hereby certify that I attended the deceased from November 7th, 1943, to March 9, 1944,  
that I last saw h. e.r. alive on March 9, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Colon with Metastasis Indefinite.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

23. Signature A. J. Gardner (M. D. or other) \_\_\_\_\_  
Address Norborne, Mo. 1944 Date signed 3/13/44

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

17  
2  
0

1053

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

21-12-47

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed

*John G. Deitch*

Licensed Embalmer No. 3654

P. O. Address Norborne 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.