

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28487

FILED SEP 8 1944

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 month (Specify whether years, months or days)
In this community 4 month

3. (a) PRINT FULL NAME Vesta Mae Ackerman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Coyne Ackerman 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 20 - 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Wessington South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Albert Strong
13. Birthplace State of Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Edna Varney
15. Birthplace Van Hor Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Coyne Ackerman
(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 8-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Haminger

(b) Address Smithton Mo

19. (a) 8-2-44 (b) one Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(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 Aug day 1
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from July 31, 1944, to Aug 1, 1944,
that I last saw her alive on July 31, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to 94
Due to 94

Other conditions (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 near about home, on farm, in industrial place, in public place?

While at work? (Specify part of place) (Means of injury)

23. Signature E. F. Haminger (M. D. or other)

Address Smithton Mo Date signed 8/2/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-7-44

8961 4 2 100P

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

A. F. Neumayer

Licensed Embalmer No.

3912

P. O. Address

Smithton, 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.