

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 10 1944**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

30875

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 761

1. PLACE OF DEATH: GREENE  
(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1914 N. NEWTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MIDDIE ETHEL ACKERMAN  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife JAMES A. ACKERMAN 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan 12 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Springfield Mo. D (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

12. Name Emmely Ragdale

13. Birthplace unk. Mo. D (City, town, or county) (State or foreign country)

14. Maiden name Stella Carpenter

15. Birthplace unk. Mo. D (City, town, or county) (State or foreign country)

16. (a) Informant James A. Ackerman

(b) Address 1914 N. Newton, Springfield, Mo.

17. (a) Burial (b) Date thereof Aug 24 1944 (Month) (Day) (Year)

(c) Place: burial or cremation APPLE CARR

18. (a) Signature of funeral director Springfield, Mo.

(b) Address 9-22-40

19. (a) 9-22-40 (Date received local registrar) (b) W. H. Haubley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene  
(c) City or town Springfield (If outside city or town limits, write "RURAL")  
(d) Street No. 1914 N. Newton (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep. day 19th year 1944 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-16 1944 to 9/19 1944  
that I last saw her alive on in 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis  
Generalized Arteriosclerosis

Due to General Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

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 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 C. E. Feller (M. D. or other)  
Address Springfield, Mo. Date signed 9/24/44

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

926

984

u x4

**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..... *Ogle Stone Jr.*.....  
Licensed Embalmer No. *4176*.....  
P. O. Address *Springfield*.....

**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.**

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