S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20117

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No. 47

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Gallatin
(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 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 1505 Richmond Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chester Alvin Ackerson
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Mo
5. Color or race Wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Ackerson
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Apr - 30 - 1900 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	1	28	hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Switchman
11. Industry or business C.B.&Q. R.R.
FATHER
12. Name Lyman Ackerson
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Effie Hopkins
15. Birthplace Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Elmer H. Ackerson
(b) Address R.F.D. #3 - Kent - Ohio
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Kan
18. (a) Signature of funeral director Fulton Funeral Home
(b) Address Kansas City, Kansas
19. (a) June 30 - 1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 29
year 1945 hour minute M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on Coroners Case
and that death occurred on the date and hour stated above.
Immediate cause of death Drowned. — Duration
Due to man was working on caboose of C.B.&Q. R.R. got off
Due to of caboose to flag another train slipped and
Other conditions fell in Mo. River
(Include pregnancy within 3 months of death)
Major findings: Of operations Coroners Case
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) accident 324
(b) Date of occurrence June 27 - 1945
(c) Where did injury occur? No Kansas City (City or town) Clay (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial - C.B.&Q. Bridge - (Specify type of place)
While at work? yes (e) Means of injury drown
23. Signature John S. Morton (M.D. or other) Coroner
Address No Kansas City Mo Date signed 6/29/45

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.

District File Number

Date Filed 7/12/45

FEB 3 1956

JUL 17 1945

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 John S. Morton

Licensed Embalmer No. 2349

P. O. Address Wakefield

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.