

FILED JUL 10 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hours
(Specify whether)
In this community 12 Years
(years, months or days)

3. (a) PRINT FULL NAME Albert John ACKERSON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Ackerson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 29, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 21 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

12. Name August Ackerson
13. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Christine Anderson
15. Birthplace Unknown Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Ackerson
(b) Address Route #2 Carthage, Mo.

17. (a) Burial (b) Date thereof 5 22 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington
Kansas City, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.

19. (a) 5-21-47 (b) Delores Lamphing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th.
year 1947 hour 12:05 minute A.M.

21. I hereby certify that I attended the deceased from May 3, 1946, to May 20, 1947.
that I last saw him alive on May 19, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Coronary Occlusion

Due to
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 in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Roy E. Myers (M. D. or other)
Address 1100 Building Joplin, Mo. Date signed 5/20/47

47-6-518

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.....

James C. Cleaver
.....
working under my personal supervision.

....., Registered Apprentice No. *515*
Gene C. Pugh
Signed..... *Gene C. Pugh*
Gene. C. Pugh.

Licensed Embalmer No. *4231*

P. O. Address..... *Carthage, 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.