

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30242**

FILED SEP 24 1947
Registration District No. **76**

Primary Registration District No. **3002**

Registrar's No. **141**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Audrain Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **4 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **T. Fred Ackerman**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mabel Ackerman**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 8, 1875**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **7**
If less than one day hr. min.

9. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Peter Ackerman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Kunkel**

(b) Address **Mexico, Mo.**

17. (a) **Removal** (b) Date thereof **Sept. 16, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Toledo, Iowa**

18. (a) Signature of funeral director **Paul E. Panko**

(b) Address **Mexico, Mo**

19. (a) **9/16/47** (b) **Blanche Keely**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #4, Mexico**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **15**
year **1947** hour **12** minute **05-8 M.**

21. I hereby certify that I attended the deceased from **Sept 15** to **Sept 15**, 19**47**,
that I last saw him alive on **Sept 15**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Failure**
Due to **Malacia**
Duration **24 hrs**
1 month

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
280
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)
(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 **M. Kallenbach** (M. D.)
Address **Mexico Mo** Date signed **9-15-47**

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

651 72 100

RECEIVED
District Health Officer No. 1
9-47-127
District: _____
Date Filed SEP 23 1947

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.....

Earl E.

Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Puchner

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.