

FILED OCT 20 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1221**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 Fillmore St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **47 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan** //
(c) City or town **St. Joseph** /
(If outside city or town limits, write "RURAL")
(d) Street No. **506 Fillmore** 7
(If rural, give location)
(e) Citizen of foreign country? **No** 0
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lydia J. Ackerman**

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

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **William G.** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **Feb.** **1881**
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	66	8	2	hr. _____ min.

9. Birthplace **Hanover** **Ind.** /
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Charles C. Artis** /
13. Birthplace **unk** **Ind.** /
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E.** **unk**
15. Birthplace **unk** **unk** /
(City, town, or county) (State or foreign country)

16. (a) Informant **William J. Ackerman**
(b) Address **St. Joseph, Mo.**

17. (a) **burial** (b) Date thereof **10-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Auburn cemetery**

18. (a) Signature of funeral director **Blaney Funeral Home**
(b) Address **St. Joseph, Missouri**

19. (a) **10-15-47** (b) **W. C. Jenkins**
(Data received local registrar) (Registrar's signature) **2007**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **9th**
year **1947** hour **2** minute _____ AM.

21. I hereby certify that I attended the deceased from **See 4**, 19**45** to **Oct 9**, 19**47**
that I last saw h. **aw** alive on **Sept 29**, 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death **chronic myocardiopathy** Duration **years**

Due to **Toxic adenoma years**

Due to _____
Other conditions **none** / **10/13**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no operation**
Of autopsy **no 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) _____
(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) (c) Means of injury _____
23. Signature **S. S. Melaney** (M. D. or other) **M.D.**
Address **St. Joseph, Mo.** Date signed **10-10**

Dr. M. J. ...
K.S.

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.....

Charles M. Harman....., Registered Apprentice No. 458

working under my personal supervision.

Signed John Roy Stover

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.