

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39101

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

FILED DEC 5 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Peru  
(b) City or town Coates, Mo. rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Coates Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 mo. years, months or days

3. (a) PRINT FULL NAME

Kennedy Ackner  
3. (b) If veteran, — name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 2 5. Color or race Cal 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 15 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 18 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name Eli Ackner  
13. Birthplace Alabama (City, town, or county) Miss (State or foreign country)  
14. Maiden name Smith Walt  
15. Birthplace Tahle (City, town, or county) Miss (State or foreign country)

16. (a) Informant Gerrill Ackner

(b) Address St. Louis 3124 Lucas Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-12-47  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (c) Signature of funeral director Remmon

(b) Address St. Louis

19. (a) 11-29-47 (Date received local registrar) (b) S. J. Robinson (Registrar's signature) 11-29

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru  
(c) City or town Coates, rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Coates Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1947 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 10/29/47  
to 11/10/47, 19\_\_\_\_, to 11/10/47, 19\_\_\_\_;  
that I last saw him alive on 11/1/47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchiol pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 G. W. Whipple (M. D. or other) \_\_\_\_\_

Address Caruthersville, Mo. Date signed 11/11

12-47-326

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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 W. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.**