No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 166

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 134

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Lifer years, months or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Fillmore
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William G. Ackerman
3. (b) If veteran, name war no
3. (c) Social Security No. 500 09 6055
4. Sex male
5. Color or race wht.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lydia
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased October (Month) 3 (Day) 1876 (Year)

8. AGE: Years 71 | Months 3 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired employee of
11. Industry or business St. Joseph Light & Power Co.

FATHER
12. Name Unk
13. Birthplace Unk (City, town, or county) Unk (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) Unk (State or foreign country)

16. (a) Informant John G. Ackerman
(b) Address Industrial City, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn
18. (a) Signature of funeral director Adams Funeral Home
(b) Address St. Joseph, Missouri
19. (a) 2-3-48 (Date received local registrar) (b) L. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1-25, 1948 to 1-30, 1948 that I last saw him alive on 1-30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebreal Hemorrhage	5 days
Due to: General arteriosclerosis	uncertain
Due to: (12)	
Other conditions: Lobar pneumonia (Include pregnancy within 3 months of death)	3 days

Major findings: Of operations no operation
Of autopsy none

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. E. Meaney (M. D. or other) M.D.
Address 2147 Patrick Ave St. Joseph, Mo. Date signed 1-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Troy Stamey

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.