

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4743

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 605

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) LIFE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4040 MAIN STREET		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, Rural	
		d. STREET ADDRESS (If rural, give location) 6501 SNI-A-BAR ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) JACOB	c. (Last) ACKERMAN	4. DATE OF DEATH (Month) (Day) (Year) FEB. - 8 - 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 2, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - SPECIAL CLERK	10b. KIND OF BUSINESS, OR INDUSTRY U.S. POST OFFICE	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME HENRY ACKERMAN	13b. MOTHER'S MAIDEN NAME MARY ELIZABETH ELLAMAN	14. NAME OF HUSBAND OR WIFE IDA ACKERMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME IDA ACKERMAN	ADDRESS 6501 SNI-A-BAR ROAD KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mi
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
DUE TO (c) none		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 430.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
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22. I hereby certify that I attended the deceased from **2-8, 1949**, to **2/8, 1949**, that I last saw the deceased alive on **2/8, 1949**, and that death occurred at **7:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Tesson (Degree or title) M.D.	23b. ADDRESS 907 Park Blvd	23c. DATE SIGNED 2/9/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-11-49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE RECD BY LOCAL REG. 2-10-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE P. W. Newcomer's Sons	ADDRESS 1401 BRUSH CREEK BL'VD. KANSAS CITY, MO.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Bernard L. Horn.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4260.....

P. O. Address NC MD.....

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.