

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 486

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Leslie twp.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>George Robert Dean Ackerman</u>			4. DATE OF DEATH <u>1/15/50</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 8, 1873</u>	9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Daniel Ackerman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Burgess</u>	14. NAME OF HUSBAND OR WIFE <u>Geneva Ackerman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Knotts</u> ADDRESS <u>Kansas City, Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3.31X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1950 to Jan 15 1950, that I last saw the deceased alive on Jan 13, 1950 and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Atwood M.D.</u> (Degree or title)	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>1-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>	24d. LOCATION (City, town, or county) (State) <u>Bozard, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1/17/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>	450 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Dickerson</u> ADDRESS <u>Bozard, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 23

District Health Officer No. 8,

District File Number _____

Date Filed 1-25-50

APR 20 1950

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.

Student _____
Student Embalmer

Signed E. A. Anderson

Licensed Embalmer No. 2534

P. O. Address Boyd 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.