STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH DEATH 8. COUNTY MILLEY D. CIVITY Mentals corporate limits, with BUTLAL and gives TOWN RUTLAL CALLED CAMPAD SAN I to take death of the COUNTY MILLEY D. CIVIT We contain control limits, with BUTLAL and gives TOWN RUTLAL CALLED CAMPAD SAN I to take death of the COUNTY MILLEY D. CIVIT We contain control limits, with a BUTLAL and gives TOWN RUTLAL CALLED CAMPAD SAN I to take death of the COUNTY MILLEY D. CIVIT WE contain the county of the co	FILED NOV	1 1952	THE DIVISION OF HE			34646
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B. COUNTY MILIET b. CITY (If outside corporate Units, write RUTAL and give to December 1985) 5/A7 (as this december 1985) 5/A7 (as	BIRTH NO		REG. DIST. NO. 213	PRIMARY REG. DIST.	40. 5781 Rea	istrar's No. 12 54
D. CITY (If counted corporate limits, with a RUPAL and size of Control of National Con		TH		11	NCE (Where deceased	iived. If institution: residence before
OR RUTAL GLAIZE - LAND LANE OF (If such abouthal or loadisation, after street address or location) ACKERMAN 3. NAME OF (If such abouthal or loadisation, after street address or location) 3. NAME OF (If such abouthal or loadisation) 3. NAME OF (If such abouthal abouthal or loadisation) 3. NAME OF (If such abouthal abouthal or loadisation) 3. NAME OF (If such abouthal ab	a. COUNTY	<u> Miller</u>		Missou	ri	Miller
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DECASED DOTATION CONDITION 13. SEX	HOSPITAL OR	If not in bospital or ins		STREET ADDRESS	(If rural, give location)	• • • • • • • • • • • • • • • • • • • •
Type or Print DUIS ACKERMAN DEATH COLORED (1, 1954 1, 1	3. NAME OF	a. (First)	b. (Middle)	c. (Last)		(Month) (Ďay) (Year)
The state of the s		LOUIS	Ac	CKERMAN	DEATH O	ctober 7, 1954
Main	5. SEX مر 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8, DATE OF BIRTH		
100. LURAL CCCUPATION (Give kind of work) 100. KIND OF BUSINESS OR IN Commenting under of working life, even it welload life, ev	male 9	white		August 12. 1	.888 66	Days House Min.
13b. MOTHER'S NAME	done during most of worlds	N (Give kind of work ag life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Git	,	COUNTRY?
JOHN ACKERMAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (T. INFORMANT'S SIGNATURE OR NAME ADDRESS 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH INSTEAMAL BETWEEN INSTEAMAL BETWEEN ONEST AND DEATH INS		<u>'</u>	136. MOTHER'S MAIDEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY (Yen. no. or unknown) (II yen. strew was or dates of service) 334.—24.—54.66 N. D.		erman	Watzke		Bertha R.	Ackerman
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such the work coused death. ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO (b) Strangulation ANTECEDENT CAUSES DUE TO (c) Suicide 10. minute Suffocation Norbid conditions, if any, giving DUE TO (b) Strangulation ANTECEDENT CAUSES DUE TO (c) Suicide 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN, OR TOWNSHIP) COUNTY) (STATE) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN, OR TOWNSHIP) (COUNTY) (STATE) 19c. (COUNTY)	I5. WAS DECEASED EVE	R IN U.S. ARMED F		17. INFORMANT'S		
18. CAUSE OF DEATH Enter only one occuse per This does not meen the mode of dying, such as heart failure, astheria, the mode of dying, such as heart failure, astheria, the to the above cause (c) stating the to the above cause (c) stating the underlying or compiled tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT 21b. PLACE OF INJURY (s.g., in or about) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE HOMI	· · · · · · · · · · · · · · · · · · ·	yes, give war or dates o	1 service) 334-24-5466 NO.	Charles	Wilson	LAKIS OZARI
Enter only one course per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discast, injury, or complication which caused death. ID TO (c) Suicide II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions course death. ISB. DATE OF OPERATION ISB. DATE OF OPERATION ISB. MAJOR FINDINGS OF OPERATION ISB. MAJOR FINDING					77 77 2 2	INTERVAL BETWEEN
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21d. TIME (Month) (Day) (Year) (Hour) (OF) (Year) (Hour) (OF) (NJURY OCCURRED	HOMICIDE Sui	cide	Farm			Miller Mo.
INJURY Oct. 7, 1954	21d, TIME (Month)			211. HOW DID INJURY	OCCUR?	
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TIÓN REMOVAL (Broots) Oct. 9, 1954 Mt. HOPE CHICAGO III. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1937 0) 25. FUNEBAL DIRECTOR'S SIGNATURE ADDRESS Oct. 12,1954 This CR Hawkins Duris D. Hickon Eacher	24a. BURIAL. CREMA	1 24b. DKTE	24c. NAME OF CEMETER	RY OR CREMATORY	24d. LOCATION (City, 1	town, or county) (State)
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(Grand Embelmel's Sections of Day City)	CO+ 10 IREG		P. D. Jambies	1	1 (Della	in facilian
	WC11/4/175	<u> </u>	Cinami Fabrica's	Statement on Dames Cid.)	

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signature of Student Embalmer

Signed James N. Duelin

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall size in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.