

FILED AUG 20 1946

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days
(Specify whether
In this community 51 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1946 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 21,
1946, 19 to Aug 10 1946
that I last saw h. RY alive on Aug 10 1946
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Erma Louise Ackerman.

3. (b) If veteran, name war No
3. (c) Social Security No. Not Known

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband William Ackerman 6. (c) Age of husband 50 years
alive 1913

7. Birth date of deceased: June (Month) 30 (Day) 1913 (Year)

8. AGE: Years 33 Months 1 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Fair Play Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife.

11. Industry or business _____

MOTHER FATHER { 12. Name W.J. Miller
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant William Ackerman

(b) Address Clinton, Mo.

17. (a) Removal (b) Date thereof 8 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Clinton

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Aug 11, 46 (b) Mrs R.E. Palmer
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Epidermoid Carcinoma of Cervix uteri with general metastases.
Due to 3 1/2 yrs.

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: H&A
Of operations _____

Of autopsy Generalized carcinomas

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 6

23. Signature H. M. Wiley (M. D. or other)

Address Columbia, Mo. Date signed 8-10-46

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

25090

RECEIVED
District Health Officer No. 9,
District File Number 8-46-188
Date Filed 8-19-46

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.