

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **403**

Primary Registration District No. **5557**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **6235 Eastwood Drive**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Larry Ray Ackenhausen**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 26, 1939**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
I	11	4	_____ hr. _____ min.

9. Birthplace **Wray, Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **W. F. Heaton**

13. Birthplace **Agra, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Zelda Ackenhausen**

15. Birthplace **Leavenworth, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George J. Ackenhausen**

(b) Address **6235 Eastwood Drive**

17. (a) Burial **(b) Date thereof Dec. 2, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **D. H. ...**

(b) Address **1401 Brush Creek Blvd.**

19. (a) 12. 2. 39 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **6235 Eastwood Drive**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **30, 1939**
year _____ hour **10.00** minute **P** M.

21. I hereby certify that I attended the deceased from **11-30-39**
10:00 P.M., 19____, to **11-30-39**, 19____;

that I last saw him **alive on dead**, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Stasis thymolymphaticus** Duration 50 min.

Due to _____

Due to **61**

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

Major findings:

Of operations _____

Of autopsy **Stasis thymolymphaticus**

PHYSICIAN _____

Underline the cause to 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? _____

23. Signature **M. C. Schauer, M.D.** (M. D. or other) _____

Address **5450 Troost** **Date signed** **12-2-39**

5450 Transit
A. E. Schaefer

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address A. E. M.

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, above space should be left blank.