

FILED NOV 13 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 5144

Registrar's No. 14

13  
0  
0

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

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Kingston Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 years — (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Ether West Ackerley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alice Mae Ackerley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 27-1865  
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Prarie De Chein Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Ackerley

13. Birthplace Gloucestershire England  
(City, town, or county) (State or foreign country)

14. Maiden name Charolotte West

15. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant Edwad Ackerley

(b) Address Butler 710

17. (a) Burial (b) Date thereof 10-8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Caroline Black

(b) Address Kingston, Missouri

19. (a) 10-22-41 (b) Mrs Vivian Bidgway  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell / 3

(c) City or town Kingston Rural / 0  
(If outside city or town limit, write "RURAL") / 0

(d) Street No. S-E of Kingston  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 47 / 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1941 hour 8-10 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 2 1940  
\_\_\_\_\_ 19\_\_\_\_ to Oct. 5 1941 19\_\_\_\_;

that I last saw him alive on Oct. 4 1941 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death Angina Pectoris Duration 3 weeks

Due to Arteriosclerosis (Coronary)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C.H. Wilson (M. D. or other) \_\_\_\_\_

Address Polo Mo. Date signed Oct 8 41

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, 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, above space should be left blank.**