

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1843**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **3241 Wabash (Nurses' Home) 4**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution, write street number or location **One year**
(Specify whether years, months or days)

In this community **1 1/2 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**

(c) City or town **Springhill,**
(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 _____

3. (a) PRINT FULL NAME **Nannie Lovell Acker**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Carmi L. ACKER**

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

7. Birth date of deceased **November 8th, 1849**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	5	9	_____ hr. _____ min.

9. Birthplace **Somerset, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife**

12. Name **Dave Lovell**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Fred Acker, Son,**

(b) Address **4109 Walnut, City.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4/18/43.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Springhill, Kansas.**

18. (a) Signature of funeral director **Melody - McGilley**

(b) Address **K. C. Mo.**

19. (a) **4-19-43** (Date received local registrar)

(b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1943** hour **2** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **April 1, 1943** to **April 17, 1943**
that I last saw her alive on **April 15, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **2 days**

Due to **Cachexia from Senility** **10/1** 'year

Due to _____

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

Major findings: **None**

Of operations **None**

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **None**

(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 **Elmer G. Davis** (M. D. or other **M. D.**)

Address **201 Plaza Theater Bldg** Date signed **4-17-43**

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

MOTHER FATHER

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 Russell W. France

Licensed Embalmer No. 4255

P. O. Address K.C. 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.