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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14810

Registration District No. 146 | Primary Registration District No. 5568 | Registrar's No. 57

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: ~~Kansas City~~ Rural - Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8724 Morrell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: ~~Kansas City~~ Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 8724 Morrell Blue Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Delia Marlina Ackley
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred E. Ackley
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: January (Month) 26 (Day) 1891 (Year)
8. AGE: Years 53 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.
9. Birthplace: Chester (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Ulysess Grant Drake
FATHER 13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Deimay Satterfield
MOTHER 15. Birthplace: Van Buren (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant: Fred E. Ackley
(b) Address: 8724 Morrell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 3/4/1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 1 year: 1944 hour: 8 minute: 45 P.M.
21. I hereby certify that I attended the deceased from Feb 28, 1944, to Feb 28, 1944, that I last saw her alive on Feb 28, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	sudden
Due to: Coronary Arterio sclerosis	1 year
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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: [illegible] M.D. (M. D. or other)
Address: Fairmount, Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep. 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.