

FILED NOV 2 1945
 Registration District No. 72

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4134

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

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Smithville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Smithville Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
(Specify whether)
 In this community 10 years
years, months or days

3. (a) PRINT FULL NAME Melvin B. Ackley

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

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>married</u>
6. (b) Name of husband or wife <u>Nota Mc Kenzie Ackley</u>	6. (c) Age of husband or wife if alive <u>52</u> years	
7. Birth date of deceased: <u>October 11 1885</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years <u>60</u>	Months _____	Days <u>8</u>	If less than one day hr. _____ min. _____
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9. Birthplace Abilene Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor + farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William S. Ackley

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mary N. Beach

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

16. (a) Informant Mrs. M. B. Ackley

(b) Address _____

17. (a) Burial (b) Date thereof Oct 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director S. A. McComas

(b) Address Smithville, Mo.

19. (a) Oct 20 - 1945 (b) Beulah Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
 (c) City or town rural
(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 Oct - day 19
 year 1945 hour 4:15 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 13 1945 to Oct 19 1945
 that I last saw him alive on Oct 18 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
Bronchial Asthma

Due to _____

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

Major findings: 120
 Of operations _____
 Of autopsy _____

Duration _____

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) Means of injury _____

23. Signature ERB (M. D. or other) MD
 Address Smithville, Mo Date signed 10-19-45

RECEIVED

Health Officer No. 8,

DATE OF DEATH

11-2-45

NOV 6 1945

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.