

FILED MAY 23 1946

Primary Registration District No. **1002**

Registrar's No. **1998**

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

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:
39th and Main Streets
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
In this community **since 1888**
years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Ida Ackerman**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **female** / 5. Color or race **white**

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

6. (b) Name of husband or wife **x**

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

7. Birth date of deceased **February 12 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 **2** **17** **hr.** **min.**

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

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER FATHER

12. Name **Ackerman**

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

14. Maiden name **Alma Blekledge**

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

16. (a) Informant **Miss Henrietta Lynch**

(b) Address **5127 Tracy, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **5-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stina & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-1-46** (b) **Therseldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,** **48**

(c) City or town **Kansas City,** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3641 Wyandotte,** **8**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29**
year **1946** hour **4:40** minute **P.** **M.**

21. I hereby certify that I attended the deceased from **April 24**, 19**46**, to **April 29**, 19**46**
that I last saw h.e. alive on **April 29**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **shot**

Due to **Advanced age and over exertion**

Due to _____

Other conditions **1**
(Include pregnancy within 3 months of death)

Major findings: **83a**

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) **21**
(e) Means of injury

23. Signature **Therseldine Holmes** (M.D. or other) **D.O.**

Address **2 E. 39th St.** Date signed **4/30/46**

Dr. E. L. ...
2:30 PM

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 *J. Blair Sheppard*
Licensed Embalmer No. *4179*
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.