

FILED DEC 19, 1946

Registration District No. **197**Primary Registration District No. **1002**Registrar's No. **5043**

## 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:  
**1730 E 47th STREET TERRACE**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community **40 YEARS** (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **WILLIAM ROY ACKLEY, SR.**3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-10-8366**

4. Sex **MALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **MRS. BERTHA C. ACKLEY** 6. (c) Age of husband or wife if  
 alive **55** years  
 7. Birth date of deceased **AUGUST - 21 - 1889**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>57</b>	<b>3</b>	<b>8</b>	hr. min.

9. Birthplace **SCRANTON KANSAS**  
(City, town, or county) (State or foreign country)10. Usual occupation **SANITATION ENGINEER**11. Industry or business **KATZ DRUG COMPANY**12. Name **JOHN ACKLEY**13. Birthplace **NEW YORK CITY NEW YORK**  
(City, town, or county) (State or foreign country)14. Maiden name **VIOLA JEAN HOUSE**15. Birthplace **NATIONAL IOWA**  
(City, town, or county) (State or foreign country)16. (a) Informant **MRS. BERTHA C. ACKLEY**(b) Address **1730 EAST 47th STREET TERRACE**17. (a) **BURIAL** (b) Date thereof **DEC-2-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **MT. MORIAN CEMETERY**18. (a) Signature of funeral director **W. H. Newcomer, Jr.**(b) Address **1401 S. Wash. Creek Blvd**19. (a) **12-2-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JACKSON**  
 (c) City or town **KANSAS CITY**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1730 E 47th STREET TERRACE**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **29th**  
year **1946** hour **2** minute **05A** M.21. I hereby certify that I attended the deceased from **Nov. 19** to **Nov. 19**;  
that I last saw h. **alive** on **Nov. 19**;  
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary sclerosis** DurationDue to **status return**Due to **Hypertrophy of heart**Other conditions **93D**

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **yes as above**

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 **James D. Kelly** (M. D. or other) **93D**Address **1124 Prof. Kelly** Date signed **11-25-46**

**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.....

*Carl Papp*

Licensed Embalmer No. *23458*

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.**