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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21602

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 230

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Hannibal 34
(If outside city or town limits, write "RURAL")

(d) Street No.: 422 Jefferson St 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Rachel Ackerman

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: Widow 2

6. (b) Name of husband or wife: Arthur

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

7. Birth date of deceased: November (Month) 11 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
57	7	2	hr. min.

9. Birthplace: Paris, (City, town, or county) MO (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business

FATHER
12. Name: Arvel Harris
13. Birthplace: Paris, (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name: Zora Cooper
15. Birthplace: — (City, town, or county) MO (State or foreign country)

16. (a) Informant: Helen Copenhaver
(b) Address: 422 Jefferson St. Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview Burial Park

18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo

19. (a) 6-10-47 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1947 hour minute 3 P M.

21. I hereby certify that I attended the deceased from May 15, 1947 to June 9, 1947; that I last saw h. alive on June 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to Hodgkins Disease	6 months
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: B. L. Murphy (M. D. or other) MD
Address: Hannibal Mo Date signed 6/10/47

(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. 497,

working under my personal supervision.

Signed. H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address. Hammond Ind

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.