

No. 2
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5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28780

State File No. _____

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 276

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
102 North 7th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. 102 north Seventh St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Ackerson
3. (b) If veteran, name war _____ **3. (c) Social Security** No 420-03-2821

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Sept. 21 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	10	13	

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mill work

11. Industry or business St. Joe Lead Co.

12. Name Edward Ackerson

13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Ackerson
(b) Address Desloge, Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8-6-47
(Month) (Day) (Year)

(c) Place: burial or cremation Herod Cemetery

18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.

19. (a) 8-15-47 (Date received local registrar) **(b) Esther Rudloff** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4
year 1947 hour 8 minute 0 a.m.

21. I hereby certify that I attended the deceased from July 46 1946 to Aug 4 1947
that I last saw him alive on Aug 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death intercranial hemorrhage Duration 2h
Due to arteriosclerosis
general hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 878
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)
(c) Manner of injury _____
Signature H. O. Kaelle (M. D. or other)
Address Desloge Mo Date signed 8-13-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 847-1074
Date Filed 8-19-47

OCT 25 1948

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 C. E. Laper

Licensed Embalmer No. 1671

P. O. Address De Lage 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.