

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24334

State File No. _____

3025

004

1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 60 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Troost Nursing Home, 2839 Troost

d. STREET ADDRESS (If rural, give location) 2839 Troost

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PERRY c. (Last) ACKERMAN

4. DATE OF DEATH (Month) (Day) (Year) July 2, 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 16, 1862 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Ohio 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Perry Ackerman 13b. MOTHER'S MAIDEN NAME Rhoda Ann 14. NAME OF HUSBAND OR WIFE Ida Ackerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Ruth Glenn ADDRESS 402 N.W. 4th Ave., Mineral Wells, Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES (b) myocarditis DUE TO (b) _____

(c) gen Arteriosclerosis DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____

INTERVAL BETWEEN ONSET AND DEATH 4200

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 12, 1951, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 7:15 m., from the causes and on the date stated above.

23a. SIGNATURE Amir Boutros MD (Degree or title) 23b. ADDRESS 416 Argyle Bld KC Mo 23c. DATE SIGNED July 3, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/7/52 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 7-3-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

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

Dr. Amin B...
4/16 Angeles B... - Yi 0349

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Eugene Kemmer

Licensed Embalmer No. 4633

P. O. Address H. C. ...

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.