

1939 APR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10791

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 289
 (b) Township Cotton Hill Primary Registration District No. 3307
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John W. Akers St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lou Akers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1865

7. AGE YEARS 73 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.13. NAME Frank Akers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT (ADDRESS) J. W. Akers18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Gilman DATE 3-11-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig
Malden20. FILED 3-11-1939 E. Mitchell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 193922. I HEREBY CERTIFY, That I attended deceased from April 4, 1938, to March 11, 1939I last saw him alive on March 3, 1939 Death is said to have occurred on the date stated above, March 11, 1939 m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease Date of onset 7/4/38

Other contributory causes of importance:

NoneName of operation No Date of _____What test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury March 11, 1939Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify ✓(Signed) Homer Beall M. D.(Address) Malden Missouri

RECEIVED

District Health Officer No. 3,

District File Number 39-229

Date Filed 4-6-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.