

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

656 DEC 28 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39849

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 356

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 508 n. Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James Akers 212
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Luella M Akers 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct 11 - 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Henry H. Akers

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane Miller

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Della S. Akers

(b) Address 508 No Liberty St Independence Mo.

17. (a) Rural (b) Date thereof Nov. 29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Off + Mitchell

(b) Address Independence Mo.

19. (a) 12-5-39 (b) J. A. Coap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 508 n. Liberty
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1939 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan-1937, 19____ to Nov-27-1939, 19____
that I last saw him alive on Nov-27-1939, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration
Duration months
Due to Hypertension - 93C years

Other conditions Hemiplegia 6 mos
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 R. D. Gardner (M. D. or other) _____

Address Independence Mo Date signed 11-28-39

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Henry J Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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, above space should be left blank.