S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27947

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 841

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 1015 South 14th. Street, 2 (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) 28 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State O Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 1015 South 14th. Street, (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lora Ora Akey, 200

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-09-958

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Thomas E. Akey

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 20, 1905, (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	3	11	hr. min.

9. Birthplace Albany, (City, town, or county) Missouri, O (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Tablet & Stationery Factory

FATHER
12. Name William Price,
13. Birthplace Albany, (City, town, or county) Missouri, O (State or foreign country)

MOTHER
14. Maiden name Frances Thompson,
15. Birthplace Albany, (City, town, or county) Missouri, O (State or foreign country)

16. (a) Informant Thomas E. Okey

(b) Address 1015 So.14th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Halon - Bertola Bowman Funeral Home

(b) Address 319 S.10th. Street,

19. (a) Aug 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1940 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to Aug 1, 1940 that I last saw her ~~alive on~~ after death, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy Coronary Occlusion

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)

85

While at work? (e) Means of injury

23. Signature Maxwell Day (M. D. or other) 1

Address 2180 N 7th St Joseph Date signed 8-1-40

(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 Aug 1 - 4

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

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P. O. Address 319 S. [illegible] St [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.