

JAN 13 1942

Registration District No. 204

Primary Registration District No. 3-0-2 2013

Registrar's No. 41

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

1. PLACE OF DEATH

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 W. Prospect 1
(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 CARRIE AKEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
7. Birth date of deceased Nov 18 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Lacon Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Robert J. Gage

13. Birthplace New York 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jane Owen

15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Orrin Akey

(b) Address Cameron Mo

17. (a) burial (b) Date thereof Dec 12 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coyagers Cem.

18. (a) Signature of funeral director L. C. Allen

(b) Address Cameron Mo

19. (a) Dec 11 1941 (b) L. C. Riley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 316 W. Prospect 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 22 1941 to Dec 10 1941
that I last saw her alive on Dec 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 12/10/41

Due to Arteriosclerotic ?

Due to _____

Other conditions 948
(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) Means of injury R

23. Signature L. C. Riley (M. D. or other) _____

Address Cameron, Mo Date signed 12/11/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Lyle C. Allen
Licensed Embalmer No. 824
P. O. Address Cameron 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.