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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41797

State File No.

Registration District No. 293

Primary Registration District No. 4177

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Pacific Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2½ miles west 3 of Pacific
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Eureka 96
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jesse Lee Akers

3. (b) If veteran, name war: World War 1st

3. (c) Social Security No. unable to locate

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nina Akers

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: March (Month) 15 (Day) 1895 (Year)

8. AGE: Years 46 Months 9 Days 19 If less than one day hr. min.

9. Birthplace: Redmondville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Lumberman

11. Industry or business: Lumber

MOTHER FATHER

12. Name: James Akers

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

14. Maiden name: Catherine Pence

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

16. (a) Informant: Sterling Akers

(b) Address: Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Goodland Mo.

18. (a) Signature of funeral director: Fred E. Shelton

(b) Address: Pacific Mo.

19. (a) 1/6/42 (Date received local registrar) (b) Blanch E. Fletcher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1942 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured neck from

Due to: being hit by car on

Due to: Highway No. 66 while on center of lane

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Lacerations on right side of face

Of autopsy: Mob. 4 n 27

Duration

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): Accident

(b) Date of occurrence: January 4th 1942

(c) Where did injury occur? Pacific Franklin Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway No. 66 (Specify type of place)

While at work? (e) Means of injury: Coroner

23. Signature: Ernest L. Allen (Mr., Mrs., or Miss) Coroner

Address: Gerald, Mo. Date signed 1-4-42

(Licensed Embalmer's Statement on Reverse Side)

#8

266

FEB 11 1942

FEB 6 1942

AUG 19 1947

FEB 10 1942

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 Jno. L. Theiler

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.