

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **18768**
Registrar's No. **63**Registration District No. **713 711**Primary Registration District No. **4426**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Dixon run**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **/**
(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 **Geneva Francis Akery**

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 **Widowed**6. (b) Name of husband or wife **Melvin Akery** 6. (c) Age of husband or wife if alive years7. Birth date of deceased **January 10, 1856** (Month) (Day) (Year)8. AGE: Years **84** Months **4** Days **21** If less than one day hr. min.9. Birthplace **Crawford Co. Missouri** (City, town, or county) (State or foreign country)10. Usual occupation **Housewife**11. Industry or business **John Baker**12. Name **Missouri** 13. Birthplace (City, town, or county) (State or foreign country)14. Maiden name **Elizabeth Kellison**15. Birthplace **Unknown** (City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Goldia Slone**
(b) Address **Dixon, Mo.**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/3/42** (Month) (Day) (Year)(c) Place: burial or cremation **Seaton Cemetery**18. (a) Signature of funeral director **Fred H. Gilbert**(b) Address **Dixon, Mo.**19. (a) **6-5-1942** (Date received local registrar) (b) **Chas M. Gold** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pulaski**
(c) City or town **Dixon** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **1** year **1942** hour minute **8:30 P.M.**21. I hereby certify that I attended the deceased from **May 13 '42** to **May 30 '42**, 19**42**
that I last saw **her** alive on **May 29**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to **Heart. ✓**Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(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) (s) Means of injury

23. Signature **Chas M. Gold** (M. D. or other) **Chas M. Gold**
Address **Dixon** Date signed **6/4/42**

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

MOTHER FATHER

1170

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Pulaski County Health Officer

File Number 6-42-153

Date Filed 6-15-42

RECORDED

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

June 1, 1942

working under my personal supervision.

, Registered Apprentice No.

Signed

Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 187 68

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Gene I. Abern

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M

5. Color or
race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 10 - 1882

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

84

4

25

in

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Pulaski
(c) City or town Dixon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____
that I have seen him/her alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Heart
Senility Myocarditis

Due to 1
Chronic Pulmonary disease

Other conditions _____
(Include pregnancy within 6 months of death)

Major findings _____
Of operations _____
Of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury _____

23. Signature B. W. Morgan (M.D. or other) D.O.
Address Dixon Mo Date signed 7/14/42

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

SUPPLEMENTARY

MOTHER FATHER

