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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 157

FILED AUG 11 1942 298
Registration District No.

Primary Registration District No. 4448

89
0
0
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Lawson

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Lawson
(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.? 0 years.

3. (a) PRINT FULL NAME MARY ELIZABETH AKER

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

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife JAMES A. AKER 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased MAY 11 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 2 18 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Homemaker

11. Industry or business at home

12. Name Thomas W. Gross

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Rebecca Laffoon

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mary B. Aker

(b) Address Lawson, MO.

17. (a) Burial (b) Date thereof July 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson

18. (a) Signature of funeral director Erman Prichard

(b) Address Lawson, MO.

19. (a) July 30, 1942 (b) M. B. Blad
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 29, 1942, to July 29, 1942, that I last saw her alive on July 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cardiac Failure
Pericarditis

Due to.....

Due to.....

Other conditions (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?.....

(Specify type of place) (e) Means of injury.....

23. Signature Detlev B. Blad (M. D. or other) MD

Address Lawson Date signed July 30, 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-42

AUG 25 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

Blaude Richard

Licensed Embalmer No. 2751

P. O. Address Exelior Springs, 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.