S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26328

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3088

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Colonial Rest Home 3 & 611 Wornall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 3 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Cedar 999
(c) City or town Cedar Rapids 13
(If outside city or town limits, write "RURAL")
(d) Street No. 853 4th Ave. South East
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Preston T. Aker

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

4. Sex Male
5. Color or Race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence "Lee" Aker
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June (Month) 29 (Day) 1863 (Year)

8. AGE: Years 79 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Smithville, Mo. O (City, town, or county) (State or foreign country)
10. Usual occupation Insurance Agency
11. Industry or business owner
FATHER
12. Name Martin J. Aker
13. Birthplace Smithville, Mo. O (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Rollins
15. Birthplace Smithville, Mo. O (City, town, or county) (State or foreign country)
16. (a) Informant Martin J. Aker
(b) Address 4012 Troost, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Goss Cem Clay Co. Mo.
18. (a) Signature of funeral director McCormick Funeral Home
(b) Address Smithville, Mo.
19. (a) 8-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~March~~ Aug. 17 day 17"
year 1942 hour 11.30 minute 9 M. M.
21. I hereby certify that I attended the deceased from 12 Midnight 1942, to 1942
that I last saw him alive on 12 Midnight, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion and occlusion of the coronary arteries
Due to Coronary occlusion
Due to Coronary occlusion
Other conditions Hepatic Hypertrophy Senility
(Include pregnancy within 3 months of death)
Major findings: Of operations Coronary occlusion
Of autopsy None

Duration: 940

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)
While at work? ..... (e) Means of injury .....
23. Signature Gustave Aschorn (M. D. ~~or other~~)
Address 3204 East 52nd Date signed .....

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.