

FILED APR 8 1943  
Registration District No. **273**

Primary Registration District No. **3051**

Registrar's No. **36**

1. PLACE OF DEATH:

(a) County **Perry**  
(b) City or town **Perryville**  
(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 **James Preston Akers**

3. (b) If veteran, name war **World's War I** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **May 4, 1890**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**52 10 22** hr. min.

9. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Clmer Akers**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Thyana McKiff**

15. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Martin Akers**

(b) Address **Perryville, Mo.**

17. (a) **Removal** (b) Date thereof **March 27, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bay Cemetery, Delhi, Iowa**

18. (a) Signature of funeral director **Ray General Home**

(b) Address **Perryville, Mo.**

19. (a) **3-27-43** (b) **Thos. G. Elder**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Perry**  
(c) City or town **Perryville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th**  
year **1943** hour **12:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Feb 21**, 19**43**, to **Mar 26**, 19**43**  
that I last saw him alive on **Mar 20**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL FAILURE**

Due to **ANGINA PECTORIS** Duration **5 yrs**

Due to

Other conditions (Include pregnancy within 3 months of death) **94%**

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) (e) Means of injury

23. Signature **C.M. Wiedeman** (M.D. or other) **Do**

Address **Perryville, Mo.** Date signed **3/24/43**

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

MOTHER FATHER

1311

APR 21 1943

RECEIVED

District Health Officer No. 4  
District File Number 443-2035  
Date Filed 4-7-43

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 Albert Bey  
Licensed Embalmer No. 3866  
P. O. Address Perryville, 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.