

ED MAY 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 466

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community Lifetime years, months or days)

3. (a) PRINT FULL NAME WILLIAM AKERS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ollie 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 9, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Assistant Superintendent, Buchanan Co. Poor Farm

11. Industry or business Henry Akers.

12. Name Indianan

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

14. Maiden name Fannie DeVorse

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

16. (a) Informant Ollie Akers (Wife)

(b) Address Route # 4, St. Joseph, MO.

17. (a) Burial (b) Date thereof 5/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Hospital

18. (a) Signature of funeral director John E. Ruff
(b) Address 6054 Pryor Ave., City

19. (a) 5-4-43 (b) Rose Hergoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL.")
(d) Street No. Route # 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 12 minute midnight

21. I hereby certify that I attended the deceased from April 30, 1943, to May 1, 1943
that I last saw him alive on May 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Re: Degenerative Heart

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 122a2

Major findings:
Of operations _____
Of autopsy As above

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 Harold J. Brown (M. D. or other) _____
Address St. Joseph, Mo. Date signed 5-24-43

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

MOTHER FATHER

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, ~~and~~.....

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

Signed John E. Ruff
Licensed Embalmer No. 3986
P. O. Address St. Joseph, 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.