

S. No. 2  
4-9-44  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17810**  
Registrar's No. **53**

Registration District No. **120**

Primary Registration District No. **5444**

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

1. PLACE OF DEATH:  
(a) County **Gentry**  
(b) City or town **Albany Rural Athens Twp**  
(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 **Forty Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Gentry**  
(c) City or town **Albany Rural - Athens Twp**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Six an 1/2 Mile se Of Albany**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Henley Akers**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **7** year **1943** hour **10** minute **45 A.M.**  
21. I hereby certify that I attended the deceased from **Dec-4-42** 1942, to **May-7-43** 1943 that I last saw him alive on **May-7-43** 1943 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife **Alice Akers Deceased** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 4 1886**  
(Month) (Day) (Year)

Immediate cause of death **Ca Prostate gland**  
Duration **1 yr**

8. AGE: Years **81** Months \_\_\_\_\_ Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Taswell County Virginia**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **5/8**

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Jessie Akers Virginia**

13. Birthplace **Dont No**  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Akers**  
(b) Address **Albany Mo**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 9 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Foster Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **W H Noble**  
(b) Address **New Hampton Mo**

19. (a) **June 3-1943** (Date received local registrar) **Anna M. Webster** (Registrar's signature)  
**Ray Louise M. Webster** (Licensed Embalmer)

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature **Frank H. Rose** (M. D. or other) **M.D.**  
Address **Albany Mo** Date signed **5-7-43**

Statement on Reverse Side

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**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.....

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

Signed *W. G. Nobli*.....

Licensed Embalmer No. *2904*.....

P. O. Address *New Hampton*.....

**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.**