

FILED DEC 6 1943
Registration District No. **5708**

Primary Registration District No. **5708**

Registrar's No. **8**

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

1. PLACE OF DEATH:

(a) County **Livingston**
(b) City or town **Avalon Grand River Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X** (Specify whether
In this community **50 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **John Akerson**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**

6. (b) Name of husband or wife **Matilda Akerson** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov 21 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 29 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **George Akerson**

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

14. Maiden name **Georgia Ann McGay**

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

16. (a) Informant **Mrs. R. E. Mitchell**

(b) Address **Avalon R.R. 1**

17. (a) **Burial** (b) Date thereof **Nov 22 '43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wheeling cemetery**

18. (a) Signature of funeral director **Smiley Funeral Home**

(b) Address **Wheeling Mo**

19. (a) **Nov 20 1943** (b) **Mrs. Nan D. Fullerton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20**
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **Jan 1 1928** to **Nov 18 1943**
that I last saw him alive on **Nov 18 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion 4 days**

Due to **arteriosclerosis**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **hemiplegia 94 a**
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 **M. D. Powell** (M. D. or other)
Address **Chelliston Mo** Date signed **10/27/43**

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

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 Frank L. Smiley
Licensed Embalmer No. 476
P. O. Address Wheeling 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.