

FILED DEC 22 1943/9  
Registration District No. 1002

Primary Registration District No. 1002

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

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether)

In this community 7 mos.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 402 W. 12 Terr.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes) (No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. E. Akers

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-24-8951

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1943 hour 7 minute A. M.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 18 - 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 22, 1943, to November 25, 1943; that I last saw him alive on November 25, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Mo 0  
(City, town, or county) (State or foreign country)

Immediate cause of death Uremia due to prostatic hypertrophy

Due to 1376

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

Other conditions: 1376  
(Include pregnancy within 3 months of death)

10. Usual occupation Labo

11. Industry or business Wilson Parking Co

12. Name James Akers

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

14. Maiden name Elsabeth Kestley

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

Major findings: 1376  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Eggon Hud Co

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof 11/24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton Mo

18. (a) Signature of funeral director Eggon Hud Co

(b) Address Trenton Mo

19. (a) 11-26-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature Dwight R. Thom (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 11-26-43

1002 - 1004

He 1004

1008 - 1010 1008/10

**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..... *Roy E. Lewis* .....

Licensed Embalmer No. *2560* .....

P. O. Address. *K C M* .....

**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.**