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OC32873

FILED APR 19 1944
Registration District No. 1944 9

Primary Registration District No. 5957

1. PLACE OF DEATH:

(a) County Pelee

(b) City or town Pelee Rural Prairieville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 90 years

3. (a) PRINT FULL NAME Bettie A. Miller

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August 22 1953
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>6</u>	<u>11</u>	hr. min.

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

10. Usual occupation House wife - Early life

11. Industry or business —

12. Name Hugh W. Akers

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

14. Maiden name Martha Akers

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

16. (a) Informant Jessie Mitchell

(b) Address Eolia Mo

17. (a) Burial (b) Date thereof Mar 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia Cemetery

18. (a) Signature of funeral director Goock Haver Co

(b) Address Eolia Mo

19. (a) Mar 6th (b) B.M. Goock Neph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1944 hour 1:30 minute AM M.

21. I hereby certify that I attended the deceased from Jan. 4 1944 to March 4 1944; that I last saw her alive on Feb. 25 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) H6 P

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 Dr. D. G. Hazzard (M. D. or other) MO
Address Eolia, Mo. Date signed 3-7-44

Duration 6 mos

PHYSICIAN —

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-44-624

Date Filed APR 4 1944

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Salina - 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.