

S. No. 2  
 DM-8-43  
 5-17-39  
 PI X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24821**

FILED JUL 20 1944  
 Registration District No. **20152A**

Primary Registration District No. **5572**

Registrar's No. **76**

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

48  
 00

**1. PLACE OF DEATH:**

(a) County Jackson  
 (b) City or town Rural Prairie Imp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jackson County Eng. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
(Specify whether)

In this community 58 yrs. 0  
years, months or days

**3. (a) PRINT FULL NAME** MARK AKERS

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced 3 Div.

6. (b) Name of husband or wife Mrs Maude akers- 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 23 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>24</u>	hr. min.

9. Birthplace Roadhouse Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Work

11. Industry or business

**MOTHER FATHER**

12. Name George W. akers  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Emma akers  
 15. Birthplace Penn.  
(City, town or county) (State or foreign country)

16. (a) Informant Mildred Shackelford  
 (b) Address 957 Canaan Ave. Pittsburg

17. (a) Burial (b) Date thereof 6-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Edgar E. Schuchard  
 (b) Address 1700 Central St. Pittsburg

19. (a) June 18, 1944 (b) F. M. Schuchard  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48  
 (c) City or town Independence 4  
(If outside city or town limits, write "RURAL") 4  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 16<sup>th</sup>  
 year 1944 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from 6-6-44  
 1944, to 6-16-44, 1944;  
 that I last saw him alive on 6-14-44, 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac De compensation 10 days  
Oedema & Ascites  
Myocarditis 1 yr.

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy None

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence No  
 (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)  
 (c) Means of injury \_\_\_\_\_  
 Signature F. M. Schuchard (d) or other \_\_\_\_\_  
 Address 300 N. 1st St. Pittsburg (e) or other \_\_\_\_\_

**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 Harold L. C. Sternacht  
Licensed Embalmer No. 3035  
P. O. Address H. C. Lomas

**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.**