S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24347

FILED AUG 10 1945

Registration District No. 14 Primary Registration District No. 3035 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 So. 10 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life-time

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Lexington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 218 So 10th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank Akers
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 13 (Day) 1882 (Year)

8. AGE: Years 63 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Janitoring

MOTHER FATHER
12. Name Jordan Akers
13. Birthplace Lexington, Mo (City, town, or county) (State or foreign country)
14. Maiden name Maria Hayden
15. Birthplace Sabine Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fannie Briggs
(b) Address Lexington, Mo
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 7-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Home
18. (a) Signature of funeral director Guenther Bond
(b) Address Lexington, Mo
19. (a) July 26-45 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

1158

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1945 hour 1-25 minute 0 A.M.

21. I hereby certify that I attended the deceased from June 24, 1945 to July 24 1945;
that I last saw him alive on July 24 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 mo
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
(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 O. L. Cleveland M.D. (M. D. or other)
Address Lexington Mo Date signed 7/26/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-42

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 Geo. N. Green.

Licensed Embalmer No. 4220.

P. O. Address Lexington, 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.