S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34487

State File No.

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 199

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Fran 94
(c) City or town Farmington, Mo. 4
(If outside city or town limits, write "RURAL") /
(d) Street No. Mc. Ilvain /
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

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

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Elizabeth Ann Agnew
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased March (Month) 4 (Day) 1890 3 (Year)

8. AGE: Years 55 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Ste. Genevieve Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business Co. Sup. of Schools.

MOTHER FATHER
12. Name Alfrd Howard Akers
13. Birthplace Roanoke, Virginia / (City, town, or county) (State or foreign country)
14. Maiden name Alice Vescoat
15. Birthplace De. Lasses (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Alfred Howard Akers
(b) Address St. Louis, Mo.
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 10, 28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Park view, Farmington
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 10-27-45 (Date received local registrar) (b) Esther Ridlaff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1945 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct. 26, 1945, to Oct. 26, 1945, that I last saw him alive on Oct. 26, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis + Coronary Thrombosis	6 hrs.
Due to Myocarditis	2 yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Geo. L. Watkins (M. D. or other)
Address Farmington Mo. Date signed 10-27-45

1397 (Licensed Embalmer's Statement on Reverse Side)

..VED

District Health Officer No. 4

District File Number 1145-1301

Date Filed 11-8-45

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 C. H. Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.