

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 44

Primary Registration District No. 4168

Registrar's No. 47

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(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 20 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FLORA JANE AKERS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHARLES AKERS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY 22 1850
(Month) (Day) (Year)

8. AGE: Years 95 Months 10 Days 17 If less than one day hr. min.

9. Birthplace FRANKFORT NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name UNKNOWN 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN 9
15. Birthplace UNKNOWN N 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARY IDEN

(b) Address MAYSVILLE MO.

17. (a) CREMATION (b) Date thereof 6-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: MAYWOOD. KAN. CITY MO

18. (a) Signature of funeral director PILCHER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 6-10-46 (b) R. R. Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 32
(c) City or town Maysville 21
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9
year 1946 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 10 1932 to June 9 1946
that I last saw him alive on June 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo. Carditis 9 yrs.

Due to _____

Due to _____

Other conditions arteriosclerosis 5 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations 930
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) Means of injury 2

23. Signature R. R. Davidson (M. D. or other) do
Address MAYSVILLE MO Date signed 6-10-46

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.....

Licensed Embalmer No. 3960

P. O. Address.....

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.