

7. S. No. 2  
00M-2-43  
Rev. 5-17-39  
X35697

27986

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** AUG 19 1946

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike County Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Galva 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(if rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie May 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 1

6. (b) Name of husband or wife Charles Akers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 14 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>			hr. _____ min. _____

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

10. Usual occupation Wife

11. Industry or business \_\_\_\_\_

12. Name Major Clark Williams

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

14. Maiden name Anna Clark

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

16. (a) Informant Charley Akers

(b) Address Galva Mo

17. (a) Burial (b) Date thereof July-20-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Medical Country

18. (a) Signature of funeral director A. E. Gooch

(b) Address Galva Mo

19. (a) July 20 (b) A. E. Gooch  
(Date received at local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 18  
year 1946 hour 12 Noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6-29-46  
\_\_\_\_\_ 19 \_\_\_\_\_ to 7-18-46 19 \_\_\_\_\_  
that I last saw her alive on 7-18-46 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

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

Other conditions 2/6 of  
(include pregnancy within 3 months of death)

Major findings: Ca. of pancreas

Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

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 [Signature] (M. D. \_\_\_\_\_)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

255 (Licensed Embalmer's Statement on Reverse Side)

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

1 2 2

26825

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-1566  
Date Filed AUG 14 1946

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. Gosh

Licensed Embalmer No. 2342

P. O. Address Esler, 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.