

No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37778

State File No. _____
Registrar's No. 54

Registration District No. 227 Primary Registration District No. 4339

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

1. PLACE OF DEATH:
 (a) County MONROE
 (b) City or town PARIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
W. LOENST ST. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 17 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County MONROE 61
 (c) City or town PARIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. W. LOENST ST.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ELVA AKERS
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
 4. Sex MALE 4.5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife RUTH SHAW AKERS
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased SEPT. 12, 1880
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 15
 year 1946 hour 6 minute 45 P.M.
 21. I hereby certify that I attended the deceased from Oct. 16,
1946, to Nov. 15, 1946
 that I last saw him alive on Nov. 14, 1946
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis Duration 2 yrs.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations A3D
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace FRANKLYN CO. VA. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER
 11. Industry or business _____
MOTHER FATHER
 12. Name Wm JACKSON AKERS
 13. Birthplace VA. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name NANCY ELIZABETH CARTER
 15. Birthplace VA. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant RUTH S. AKERS
 (b) Address PARIS, MO.
 17. (a) BURIAL (b) Date thereof NOV. 17, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SHELBYNA, MO.

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 F. A. Burnett (M. D. or other) MD
 Address PARIS, Mo. Date signed 11-16-46

18. (a) Signature of funeral director Speed Blakely
 (b) Address PARIS, MO.
 19. (a) 11-16-46 (b) Elbert Parker MD
 (Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 10
District File Number 12-46-2223
Date Filed DEC. 10. 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..... *E. H. Agnew*
Licensed Embalmer No. *4000*
P. O. Address..... **Paris, Missouri,**

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.