

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. **12104**

FILED MAR 21 1947

Registration District No. **536**

Primary Registration District No. **6128**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Shannon**
 (b) City or town **Eminence, Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Rural /**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NO** (Specify whether)
 In this community **48 Years**
 years, months or days)

3. (a) PRINT FULL NAME **Alice M. Akers**
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NO**

4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Allen M. Akers**
 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **Feb. 7th 1890**
 (Month) (Day) (Year)

8. AGE: Years **57** Months **26** Days **26** If less than one day
 hr. min.

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Moses Barnes**
 13. Birthplace **Not Known**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Mahan**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Allen M. Akers**

(b) Address **Eminence, Mo**

17. (a) **Burial** (b) Date thereof **3/5-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eminence, Mo**

18. (a) Signature of funeral director **Frank W. Do**

(b) Address **Mountain View, Mo**

19. (a) **3-10-47** (b) **Missouri**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon** / **10**
 (c) City or town **Eminence, Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**
 year **1947** hour **11** minute **15** a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Central Thompson

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

(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 **Frank W. Do** (M. D. or other) _____

Address **Eminence, Mo** Date signed **3-5-47**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.