

FILED JUN 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 724

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2746 Lafayette Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 70 years.  
years, months or days)

3. (a) PRINT FULL NAME Florence Lorena Akers

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George W. Akers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 31 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 5 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name William V. Scull  
13. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Landis  
15. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Georgia Akers

(b) Address 2746 Lafayette St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof June 9, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meunhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) June 2, 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2746 Lafayette Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th  
year 1947 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 4 1947 to June 5 1947  
that I last saw her alive on June 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinoma  
Duration \_\_\_\_\_

Due to Carcinoma of the breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of the right breast  
Of operations \_\_\_\_\_  
Of autopsy None

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 Dr. J. H. B. B. B. (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed June 6 1947

**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.....

..... George Wingbermuehle ....., Registered Apprentice No. 508 Missouri .....,  
working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**