

No. 2  
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5-17-39  
I X47070

FILED JUL 21 1947

Registration District No. **3**

Primary Registration District No. **4093**

Registrar's No. **110**

1. PLACE OF DEATH:

(a) County **Cass**

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

(c) Name of hospital or institution:  
**At Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **At Home**  
(Specify whether years, months or days) **54 years.**

In this community **54 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Cass**

(c) City or town **Harrisonville, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Effie Pearl Akers**

3. (b) If veteran **No** name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**

5. Color or race **Whi**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct. 14, 1892**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**  
year **1947** hour **1** minute **50 P** M.

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

8. AGE:

Years	Months	Days	If less than one day
<b>54</b>	<b>9</b>	<b>0</b>	hr. min.

Immediate cause of death **Cause of death secondary spread**

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

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

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

10. Usual occupation **Housewife + House work**

Other conditions (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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

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

12. Name of father **Thomas Franklin Robertson**

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Elizabeth Cummins**

15. Birthplace **Oak Grove, Mo.**  
(City, town, or county) (State or foreign country)

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)

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Mrs Dorothy Hayes**

(b) Address **East Lynne, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **7/16/47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Cemetery**

While at work? \_\_\_\_\_ (Specify type of place)

(or) Means of injury \_\_\_\_\_

23. Signature **Dorothy Hayes** (D. or other)

Address **Harrisonville** Date signed **7/15-47**

18. (a) Signature of funeral director **Atkinson Bros.**

(b) Address **Harrisonville, Mo.**

19. (a) **July 15, 1947** (Date received local registrar)

(b) **Laura J. Jones** (Registrar's signature)

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

AUG 1 1997

**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, \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Floyd Atkinson*  
Licensed Embalmer No. *3920*  
P. O. Address *Harrisowille*

**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.