

FILED AUG 5 1947
1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24057
Registrar's No. 3001

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 8 DAYS
In this community 46 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1603 FOREST
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME HOWARD AKERS

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

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years 1877

7. Birth date of deceased FEBRUARY 2, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 12 If less than one day hr. min.

9. Birthplace CLINTON MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

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

16. (a) Informant OPAL WINN (FRIEND)

(b) Address 1603 FOREST

17. (a) Burial (b) Date thereof 7-24-47 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director J. B. Moon

(b) Address 1820 E 18th

19. (a) 7-16-47 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14, year 1947 hour 3: minute 50 A. M.

21. I hereby certify that I attended the deceased from JULY 6, 1947 to JULY 14, 1947 that I last saw him alive on JULY 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT

Due to HYPERTENSIVE HEART DISEASE

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy SAME AS ABOVE

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other) M. D. Address GENERAL HOSPITAL NO. 2 Date signed 7/14/47

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

AB Mason

Licensed Embalmer No. *2410*

P. O. Address. *1820 E 18 st*

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.