

FILED DEC 3 1947

Registration District No.

Primary Registration District No. 4486

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa Ann Akley

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Akley 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 22 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business In own home

12. Name Phillip Gangle

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

14. Maiden name Mary Eich

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

16. (a) Informant Joseph Akley

(b) Address Benton, Mo.

17. (a) Burial (b) Date thereof Nov 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lawrence, New Hamburg

18. (a) Signature of funeral director Earl J. Smith

(b) Address Oran, Mo

19. (a) Nov - 19 - 1947 (b) Mrs. Addie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 17
Year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Nov. 17 1947 to Nov. 17 1947
that I last saw her alive on Nov. 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis
Hypertension

Due to

Other conditions Senility
(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? (City or town) (County) (State)
(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 M. P. Bigan (M. D. or other) D.O.
Address Benton Missouri Date signed 11-18-47

RECEIVED

District Health Office No. 2.

District File Number 1247-1522

Date Filed 12-1-47

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

Earl J. Smith

Licensed Embalmer No.

2676

P. O. Address

Oren, 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.