No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4086

FILED FEB 17 1948
Registration District No. 3
Primary Registration District No. 3007
Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff,
(If outside city or town limits, write "RURAL")
(d) Street No.: North Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles Akers
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minerva
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: April (Month) 12 (Day) 1872 (Year)

8. AGE: Years 75 | Months 9 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Wayne Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business .....
12. Name: Charles R. Akers
13. Birthplace: Richmond (City, town, or county) Va. (State or foreign country)
14. Maiden name: Alice Wicks
15. Birthplace: Caledonia, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Minerva Akers
(b) Address: Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mole Hill Cemetery
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff, Mo.
19. (a) 2-12-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 3 year: 1948 hour: 11 minute: A M.
21. I hereby certify that I attended the deceased from 26 Jan 1948 to 3 Feb 1948 that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia,	
Due to: Bronchitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pulmonary & gastric hemorrhage. Cause not determined.	

Major findings:
Of operations .....
Of autopsy: No

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: Cyril A. Bat (M.D. or other) MD
Address: Poplar Bluff, Mo. Date signed .....

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 248-2
Date Filed 2-16-

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.