No. 2 - 1/47 17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4196

State File No. 12111

Registrar's No. 28

38 000

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Darlington
(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) 1
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry
(c) City or town Darlington
(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

3. (a) PRINT FULL NAME Nell Mae Akes
3. (b) If veteran, name war
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 Pascal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 1 (Month) (Day) 1896 (Year)

8. AGE: Years 51 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Gentry Co (City, town or county) Mo - (1) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Chas C. Cramer
13. Birthplace Unk (City, town, or county) Unk (State or foreign country) 4

MOTHER
14. Maiden name Ida Warren
15. Birthplace Unk (City, town, or county) Unk (State or foreign country) 4

16. (a) Informant Rosie Akes
(b) Address Darlington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Clifford Burks
Address Albany Mo

19. (a) Apr 13-1948 (Date received local registrar) (b) Hubert N. Nelson (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to Apr 7, 1948, that I last saw h.er alive on Apr 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular hemp.	1 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: No	
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 Charles N Williamson (M. D. or other)
Address Gentry Mo Date signed 4-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

DEC 18 1958

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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed Clifford Burks

Licensed Embalmer No. 3329

P. O. Address Albany 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.