

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18412

FILED JUN 14 1948

Registration District No. 322

Primary Registration District No. 6132

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Maddie Ottis Akers

3. (b) If veteran,

name war

3. (c) Social Security No.

495-06-9292

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ellen Akers
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased April 5, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 5 0 hr. 0 min.

9. Birthplace Goodland, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation watchman in mill

11. Industry or business

12. Name James Akers13. Birthplace Goddland, Mo.
(City, town, or county) (State or foreign country)14. Maiden name Caroline Spencer15. Birthplace Sabula, Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Roy Alexander(b) Address Caledonia, Mo.17. (a) Burial (b) Date thereof 5/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Banner mo18. (a) Signature of funeral director White Funeral Home(b) Address Ironton, Mo.19. (a) 6-17-48 (b) Missie Bailey
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon
(c) City or town Brushy
(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 May day 10
year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1947
to 4-23-48, 1948
that I last saw him alive on 3-27-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 5 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place)

23. Signature (M. D. or other)

Address Salem Mo. Date signed 5-12-48

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

RECEIVED 6-9-48
District Health Officer No. 5,
District File Number 648388
Date Filed 6-11-48

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.....

Amel J. White

Licensed Embalmer No. 3012

P. O. Address.....

Imperial, Nev.

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.