

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36051

Registration District No. 100

Primary Registration District No. 5382

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Franklin Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Time
years, months or days

3. (a) PRINT FULL NAME MILLIE - AKERS

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

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife John Thomas Akers 6. (c) Age of husband or wife if alive Not alive years
7. Birth date of deceased April 2 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
98 7 23 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name James Thompson 1
13. Birthplace Kentucky (State or foreign country)
14. Maiden name Jane Ballson
15. Birthplace Kentucky (State or foreign country)

16. (a) Informant Molly Snow
(b) Address Doss Missouri

17. (a) Burial (b) Date thereof Nov. 27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Cemetery

18. (a) Signature of funeral director Hobson & Henthorn

(b) Address Salem Missouri

19. (a) Nov 26 48 (b) M. M. Hart M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Rural 8
(If outside city or town limits, write "RURAL")
(d) Street No. Franklin Township 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1948 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-24 1948, to 11-26-48, 1948.
that I last saw her alive on 4-24-48, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death. arteriosclerosis Duration yrs

Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 97

PHYSICIAN

Underline the cause to 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) (b) Means of injury _____
While at work? _____

23. Signature M. M. Hart M.D. (M. D. or other)
Address Salem Mo Date signed 11/26/48

RECEIVED 11-29-48
District 11, 1st Officer No. 5,
District File Number 1148727
Date Filed 11-29-48

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.....

Body Not Embalmed....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.