

3. No. 2  
1-542  
5-17-39  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25040

State File No. ....

Registrar's No. 136

Registration District No. 190/37

Primary Registration District No. 5505

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

1. PLACE OF DEATH:

(a) County Henry  
 (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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
 (c) City or town Blairstown  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Ray AKers  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3-25-1864  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 \_\_\_\_\_  
 that I last saw him Dead on arrival arrive on \_\_\_\_\_, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 3 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Heart attack  
in a field by his wife about 3:30 P.M.  
dead. Presumably he had been clearing the  
5-6 hours. He suffered from heart  
disease and it was certified by me as  
Due to Carover that he died from a  
heart attack.

9. Birthplace Monrovia, Illinois  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Akers  
 13. Birthplace Clinton, Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Charlotte Bobo  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Alice Akers  
 (b) Address Blairstown, Mo

17. (a) Burial, cremation, or removal Carrollton Date thereof \_\_\_\_\_  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Edith Welburn  
 (b) Address Clinton, Mo

19. (a) July 1, 1943 (b) \_\_\_\_\_  
 (Date registered local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (c) Did injury occur in or about home, on farm, in industrial place, in public place?  
 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature Dr. P. H. Hallyingwood (M. D. or other) \_\_\_\_\_  
 Address Clinton, Mo Date signed 7/1/43

RECEIVED

District Health Officer No. 7,

District File Number 7-43-805

Date Filed 8-6-43

---

---

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 Fred Wellenius

Licensed Embalmer No. 3478

P. O. Address Clinton, N.Y.

**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.**