

S. No. 2
M-5-43
v. 5-17-39
I X36671

33860

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 22 1946
Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 151

1. PLACE OF DEATH:
 (a) County... **Jackson**
 (b) City or town... **Prarie - RURAL**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Emergency Hospital *0*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **2 hours**
(Specify whether
 In this community... **78 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... **Missouri** (b) County... **Jackson** *40*
 (c) City or town... **Independence** *+*
(If outside city or town limits, write "RURAL")
 (d) Street No... **611 North Spring** *+*
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) */*
 If yes, name country... **None**

3. (a) PRINT FULL NAME **Mollie E. Akers**
 (b) If veteran, name war... **No**
 (c) Social Security No... **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **29**
 year **1946** hour **3** minute _____ P.M.

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Henry Akers (Deceased)**
 6. (c) Age of husband or wife if alive... years _____
 7. Birth date of deceased **September 22 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 23 - 46**, 19 **to Sept 29 -** 19 **46**
 that I last saw her alive on **Sept 18 - 1946**, 19 _____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	78	0	7	_____ hr. _____ min.

Immediate cause of death... **Diabetes mellitus -** *years*
 Due to... */*

9. Birthplace... **Buckner Missouri** *0*
(City, town, or county) (State or foreign country)
 10. Usual occupation... **Housekeeper**

Other conditions... **Impure food - hgt -**
(Include pregnancy within 3 months of death)
 Due to... */*

MOTHER FATHER

11. Industry or business...
 12. Name... **Daniel Crawford**
 13. Birthplace... **Unknown - Kentucky** *1*
(City, town, or county) (State or foreign country)
 14. Maiden name... **Unknown**
 15. Birthplace... **Unknown** *9*
(City, town, or county) (State or foreign country)

Major findings:
 Of operations... **none** *61*
 Of autopsy... **none**
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant... **Mr. Albert L. Akers** *1*
 (b) Address... **611 North Spring Independence, Mo**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof... **Oct. 1 1946**
(Month) (Day) (Year)
 (c) Place: burial or cremation... **Buckner, Missouri Cem.**
George C. Carson
 18. (a) Signature of funeral director...
 (b) Address... **Pleasant & Lexington Sts. Indep.** Mo.
 19. (a) **Oct. 7, 1946** (Date received local registrar) (b) **D.C. Emshaw** (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 _____
 (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) (e) Means of injury... **0**
 23. Signature... **R. J. Hartman** (M. D. or other)
 Address... **Ind. Spec. Bu. Mo** Date signed... **9/30/46**

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

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.....

Charles J. Tyler....., Registered Apprentice No. *411*
working under my personal supervision.

Signed *Raymond M. Martin*.....

Licensed Embalmer No. *4150*.....

P. O. Address *Andover, Ma.*.....

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.