

FILED AUG 28 1947

Registration District No. 174

Primary Registration District No. 3035

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution 218 South 10th St.
(d) Length of stay: In hospital or institution Lifetime
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(d) Street No. 218 South 10th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Robert Akers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Race of Deceased Negro
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 28 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Pensioner (Oldage)

11. Industry or business _____

MOTHER FATHER { 12. Name Jordan Akers
13. Birthplace Lafayette Co. Mo.
14. Maiden name M. E. Jackson
15. Birthplace Lexington Co. Mo.

16. (a) Informant Mrs. Fannie Mady
(b) Address 218 South 10th St.

17. (a) Burial (b) Date thereof 8/9/47
(c) Place: burial or cremation Green Chapel

18. (a) Signature of funeral director Owen J. Sore
(b) Address Lexington Mo.

19. (a) August 9, 1947 (b) M. E. Eastwood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
47 year 5 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 19 1945, to Aug 5 1947
that I last saw him alive on Aug 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac exhaustion

Due to _____

Due to _____

Other conditions Chest Thrombosis
(Include pregnancy within 3 months of death) Nov 1945

Major findings: Of operations _____

Of autopsy 12B

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature O. J. Sore (M. D. or other) Lexington Mo. Date signed 8/12/47

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-47

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Lexington, 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.