

No. 2
12-45
17-39
X47070

FILED OCT 29 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 353

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 4 mos. 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 94
(c) City or town Oran 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE AKLEY

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Shoulder 6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased September 17, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 7 hr. min.

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

10. Usual occupation Flour Packer

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Akley

13. Birthplace Benton, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susie Furnace

15. Birthplace Benton, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Sept. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem., Cape Girardeau, Mo.

18. (a) Signature of funeral director Stubbs Funeral Home

(b) Address Chaffee, Mo.

19. (a) 10-22-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24
year 1947 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1933, 19____, to Sept. 24, 1947, 19____;
that I last saw him alive on Sept. 24, 1947, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration _____

Due to _____
Due to (Co. (Ch) (arterio-sclerosis) 94A

Other conditions Psychosis - Organic 15 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No autopsy.

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? 0

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Sumner P. Docton (M. D. or other) _____

Address Farmington, Mo. Date signed 9/27/47

RECEIVED

Health Officer No. 4
District File Number 1047-1368
Date Filed 10-27-47

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

C. J. Larberg

Licensed Embalmer No.

3810

P. O. Address

1400 Broadway N

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.