

Registration District No. 27

Primary Registration District No. 5092

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Bates
(b) City or town R.F.D. 5 Butler, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. 5 Local Oak-Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
65 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural Lone Oak-Twp
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 5 Butler, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Evelyn Akers

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 21
6. (b) Name of husband or wife Joseph Akers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace _____ Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Sprague Carter 9
13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
14. Maiden name Prudence Cook
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bart Fox
(b) Address R.F.D. 5 Butler, Mo.
17. (a) Burial (b) Date thereof 11-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cemetery
Culver-Underwood

18. (a) Signature of funeral director _____
(b) Address Butler, Missouri
19. (a) 11-18-48 (b) Wendell Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1948 hour 11 minute 52 A.M.

21. I hereby certify that I attended the deceased from Jan 1934, 1934, to Nov 17th, 1948
that I last saw her alive on Nov 17th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature L. D. Luster (M. D. or other) md
Address Butler, Mo Date signed 11-18-48

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

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

RECEIVED
District Health Officer No. 7,
District File Number 10-48-133
Date filed 11-22-48

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.....

Robert G. Steinbeck, Registered Apprentice No. 200
working under my personal supervision. Horace H. Hill 296

Signed John G. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler MD

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.