

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Lemmon

25363

Do not use this space.

1. PLACE OF DEATH

(a) County Greene

(b) Township

(c) City Springfield

(e) Length of residence in city or town where death occurred

Registration District No. 316

Primary Registration District No. 2001

(d) Street No. St Johns Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 594

2. PRINT FULL NAME

(a) Residence, No. Fair Play

(Usual place of abode, if no street address, write county or city)

St. ☐

Fair Play Mo.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF
Joseph P. Akard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 25 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

✓ 70

7

2

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work
was done, as saw mill, bank, etc.

Housewife

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Fair Play, Mo

FATHER

13. NAME

William Underwood

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Polk County, Mo

MOTHER

15. MAIDEN NAME

Martha Fox

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

17. INFORMANT
(ADDRESS)

Mrs. E. R. Compton

Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fair Play Mo

DATE

July 29

1938

19. FUNERAL DIRECTOR (NAME)
(ADDRESS)

Herann Lohmeyer

Springfield Mo

20. FILED

July 29, 1938

Charles H. George

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 27

19 38

22. I HEREBY CERTIFY, That I attended deceased from

1/1/38

7/27/38

I last saw ER alive on 7/27/38, 19....., Death is said

to have occurred on the date stated above, at 11p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of coecum

Date of onset

Dec. 37

Other contributory causes of importance:

Name of operation None

Date of None

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Springfield, Mo.

M. D.

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, Yes

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Isabel Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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, above space should be left blank.