S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1787

Registration District No. 86 — Primary Registration District No. 5127 — Registrar's No. 80

FILED FEB 12 1940

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH RURAL WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R 7 D #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 (Specify whether)
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN
(c) City or town - RURAL - WASHINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. R 7 D #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

8. (a) PRINT FULL NAME TINA - E - AKINS 25
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm J Akins 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 30 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	24	hr. min.

9. Birthplace Troy Kansas (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business —
FATHER 12. Name John Hickman
13. Birthplace Do not Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna - ? unk.
15. Birthplace Do not Know (City, town, or county) (State or foreign country)
16. (a) Informant Wilhamyn Akins
(b) Address R F D # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo
19. (a) — (Date received by registrar) (b) — (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1940 hour 12 minute 10 P M.
21. I hereby certify that I attended the deceased from about one years, 19—, to date, 19—; that I last saw her alive on 1/23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Chronic Myocarditis	Duration
Due to		
Due to	N H C	
Other conditions (Include pregnancy within 3 months of death)	Aortitis	
Major findings: Of operations	—	
Of autopsy	no	

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) no
(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? —
(Specify type of place)
While at work? — (e) Means of injury —

85
23. Signature J. T. Stamey (M. D. or other)
Address 26 Ry at St Joseph Mo Date signed 1/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 [redacted] John H. Hurley, Registered Apprentice No. [redacted]

working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4058

P. O. Address 2328 St Joseph Ave

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.