

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39313
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 953
 (b) Township Mill Creek Primary Registration District No. 5797-B
 (c) City Rural (d) Street No. _____
 (If death occurred in Hospital or Institution, write the name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., yrs. mos. ds.

Registered No. 11

2. PRINT FULL NAME

(a) Residence, No. Porter Akin St.
Morgan County
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

NOV 29 1940

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EMMA Peoples</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19-1854</u>			
7. AGE	YEARS <u>86</u>	MONTHS <u>3</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as saw mill; bank, etc. <u>Retired</u>		
	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) <u>Morgan County, Mo</u>			
FATHER	13. NAME <u>Shonnoh Akin</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
MOTHER	15. MAIDEN NAME <u>Desmain</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs Dallas White</u> (ADDRESS) <u>Verailles, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Akinsville Co., Mo</u> DATE <u>Dec 1 1940</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. H. Redwell</u> <u>Verailles, Mo.</u>			
20. FILED <u>Dec 2 1940</u> <u>Julius Peoples</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1940 to Nov 29 1940
 I last saw him alive on Nov 28 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 11-20-40
arterial sclerosis
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1940
 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) A. J. Sumner M. D.
 (Address) Verailles, Mo.

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.

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1733

Date Filed 12-9-40

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

W. J. Kedwell

Licensed Embalmer No. 1596

P. O. Address Versailles, 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.