

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9941**

Registration District No. **27**

Primary Registration District No. **40205035**

Registrar's No. **4**

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

1. PLACE OF DEATH **Audrain**

(a) County **Audrain**

(b) City or town **Rush Hill, Iron County**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **40 years**
years, months or days

3. (a) PRINT FULL NAME **WALTER AUGUSTA AKRIDGE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

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

6. (b) Name of wife **Gabriella Akridge** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 21 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	8	27	hr. min.

9. Birthplace **Ralls Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stock food salesman**

11. Industry or business

12. Name **John Akridge**

13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Giller**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.A. Akridge**

(b) Address **Ladsonia, Mo.**

17. (a) **burial** (b) Date thereof **Mar 22-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ladsonia, Mo.**

18. (a) Signature of funeral director **H.F. Trainger**

(b) Address **Ladsonia Mo.**

19. (a) **3-21-1941** (b) **W.K. McCall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Audrain**

(c) City or town **Ladsonia**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20** year **1941** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 19**, 1941, to **March 20**, 1941; that I last saw him alive on **March 20**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**

Due to **arterio-sclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **g 20**

Major findings: Of operations _____

Of autopsy _____

Duration

2 1/2 hours

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? **21**

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

23. Signature **W.K. McCall** (M. D. or other) **D**

Address **Ladsonia Mo.** Date signed **3-21-1941**

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

H. G. Granger

Registered Apprentice No.

working under my personal supervision.

Signed:

H. G. Granger

Licensed Embalmer No.

1297

P. O. Address

Ladonia, 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, fact should be so stated above.