

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 703

Primary Registration District No. 4424

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Polk  
 (b) City or town Humansville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution .....  
(Specify whether  
 In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
 (c) City or town Humansville 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Joe G. Akins

3. (b) If veteran, name war ..... 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 husband or wife ..... 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Nov. 6 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>28</u>	hr. .... min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business .....

12. Name John Akins

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

14. Maiden name Mary Holbert  
(City, town, or county)

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

16. (a) Informant .....

(b) Address .....

17. (a) Burial (b) Date thereof Apr. 6 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Humansville, Mo.

19. (a) Apr. 17-1941 (b) Ora M. Rich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
 year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 3  
 1941 to Apr 3 1941  
 that I last saw him alive on Apr 3 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Enlarged Heart  
Myocarditis 2 mos

Due to Probable softening of  
brain

Due to due to thrombus 6 days

Other conditions 92W  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....

Of autopsy .....

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?  
632

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

23. Signature W. H. Merins (M. D. or other) M.D.

Address Humansville Mo Date signed 4-8-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File No. 5-41-860

Date: 5-12-41

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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.....

*C. S. Hathaway*  
working under my personal supervision.

Registered Apprentice No. *269*

Signed *Paul J. Weston*

Licensed Embalmer No. *3990*

P. O. Address *Collin, Pa*

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.