DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942
Registration District No. 4792

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr Lou 10976
State File No. 10976

Primary Registration District No. 2002

Registrar's No. 110

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 049
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2 5
(d) Street No. 1418 Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arthur F. Akins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Akins
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 7, 1877 (Month) (Day) (Year)

8. AGE: Years 64 | Months 8 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Dade County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Restaurant owner
11. Industry or business Cafe, 1418 Main, Joplin.

MOTHER FATHER
12. Name John Akins
13. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Josie Harris
15. Birthplace Hazelgreen (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Arthur Akins
(b) Address 1418 Main, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest, Galena, Kas
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 3-24-42 (Date received local registrar) (b) Gertrude Shidloette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Mch 19 1942 to Mch 24 1942
that I last saw he alive on Mch 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. T. Copeland (M. D. or other)
Address Joplin Mo Date signed 3-24-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.3.267

NOV 16 1949

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson Me

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.