

FILED OCT 13 1942

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

31470

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 323
 (b) Township East Bond Primary Registration District No. 4474
 (c) City Sweet Springs Mo (d) Street No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Chester Louis Akeman
 (a) Residence, No. 111 Dancy Ave St. Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Lee Akeman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 1920
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Saline Mo
 (STATE OR COUNTRY)

13. NAME Peter Akeman

14. BIRTHPLACE (CITY OR TOWN) Boone Co Mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Emily Jane Harris

16. BIRTHPLACE (CITY OR TOWN) Chicago Ill
 (STATE OR COUNTRY)

17. INFORMANT Mrs Ada Akeman
 (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gravestone City DATE Sept 13, 1942

19. FUNERAL DIRECTOR (NAME) J. C. Carter
 (ADDRESS) Sweet Springs Mo

20. FILED Sept 13, 1942 Mrs Dora Hoffmann
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1941 to Sept 11, 1942

I last saw him alive on Sept 11, 1942 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis nephritis Date of onset 1940

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19

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) Leaburn Ellis, M. D.

(Address) Sweet Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-39
U.S. GOVERNMENT PRINTING OFFICE: 1939

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-9-42

NOV 1 1942

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 CC Carter

Licensed Embalmer No. 3513

P. O. Address West 42nd St

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.