

FILED NOV 10 1942

State File No.

Registration District No. 38

Primary Registration District No. 3. U. O. G. 5-12-0

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 9
(If outside city or town limits, write "RURAL") 4
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME EDWARD V. AKARD

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 1873 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 69 Months Unknown Days Unknown 9 If less than one day Unknown 9 hr. min.

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

10. Usual occupation Shoe Repairman

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hospital Record

(b) Address 104 Ripley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Part J. Derivice

(b) Address Columbia, Missouri

19. (a) Oct 24 1942 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 17 year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from April 1 1942 to Oct 17 1942 that I last saw him alive on Oct 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Chronic Myocarditis Duration 10 mo

Due to Diabetes melitus 2 yrs

Other conditions Diabetes melitus (Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations none Of autopsy none 61

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 _____

23. Signature W. Kaufshmidt (M. D. or other) 0
Address Columbia, Mo Date signed _____

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

0
2
4

AUG 24 1944

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. H. Vandewenter

Licensed Embalmer No.....

2494

P. O. Address.....

Columbia, 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.