

39  
2  
6

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

1. PLACE OF DEATH: **GREENE**  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
(Specify whether)  
 In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 39  
2  
6  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 421 W. Webster  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME June Marie Akers  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 12th  
 year 1942 hour 5 minute 45P M.

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

21. I hereby certify that I attended the deceased from Nov 11, 1942, to Nov 12, 1942,  
 that I last saw her alive on Nov 12, 1942,  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased February 3, 1929  
(Month) (Day) (Year)

Immediate cause of death General Peritonitis

8. AGE: Years 13 Months 9 Days 9 If less than one day  
hr. min.

Due to Appendicitis, ruptured gangrenous 5 days

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

Due to \_\_\_\_\_

10. Usual occupation In school

Other conditions 12/11  
(Include pregnancy within 3 months of death)

11. Industry or business Student

MOTHER FATHER { 12. Name Harold Akers  
 13. Birthplace Sibley, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Eula Leek Roberts  
 15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: Not operated  
 Of operations \_\_\_\_\_  
 Of autopsy As per above  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Harold Akers  
 (b) Address Springfield, Missouri

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address Springfield, Missouri

23. Signature Ray D Callaway (M. D. or other) MD  
 Address Springfield Mo Date signed 4/13/42

19. (a) 11-13-42 (b) Dr. M. J. Handley  
(Date received local registrar) (Registrar's signature)

784

X

202

**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..... *Lewis E Scharf* .....

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.