

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED APR 10 1943

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 20126Primary Registration District No. 5462

Registrar's No.

1. PLACE OF DEATH:

 (a) County GREENE
 (b) City or town FAIR GROVE
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

 (d) Length of stay: In hospital or institution Ripe (Specify whether
 In this community Ripe years, months or days)
3. (a) PRINT FULL NAME ELIZABETH K. AKIN.
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

 4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

 6. (b) Name of husband or wife MARLON C. AKIN 6. (c) Age of husband or wife if alive 76 years

 7. Birth date of deceased DEC. 1 1868
 (Month) (Day) (Year)

 8. AGE: Years 74 Months 3 Days 25 If less than one day
 hr. min.

 9. Birthplace KY. 1
 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE11. Industry or business IN HOME12. Name FRANK MORRIS13. Birthplace KY. 114. Maiden name MARY E. BRIDGES15. Birthplace KY. 116. (a) Informant Marion C. Akin(b) Address Fair Grove Mo.17. (a) Burial (b) Date thereof March 28 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Lawn Cem.18. (a) Signature of funeral director Springfield Co.(b) Address Springfield Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Mo. (b) County Greene 39
 (c) City or town Fair Grove 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 Jackson Township (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month March day 26
 year 1943 hour 10 minute 15 A. M.

 21. I hereby certify that I attended the deceased from 2-15 1943 to 3-26 1943
 that I last saw him alive on 3-15 1943
 and that death occurred on the date and hour stated above.

 Immediate cause of death Cerebral Hemorrhage Duration 6 Wks

 Due to Cardio-Renal-vascular 2 yr
Diagnosis

Due to

Other conditions (Include pregnancy within 3 months of death)

 Major findings: Of operations 131a

Of autopsy

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) (a) Means of injury 023. Signature Max Fitch (M. D. or other) M.D.Address Springfield Mo. Date signed 3-26-43

RECEIVED

Orange County Health Office,

County File Number 43-4-33

Date Filed 4/8/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10207
Registrar's No. _____

Registration District No. 126

Primary Registration District No. 5462

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Fair Grove
(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
years, months or days)

3. (a) PRINT
FULL NAME

Elizabeth K. Abner

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years (Day) (Year)

7. Birth date of deceased Dec 1 1943
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day
hr. min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

- (b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 3-29-43 (b) Elara Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 6
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hrs.

Due to Cardio Renal Vascular Disease 2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

