

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11593 12/2

State File No.

Registrar's No. 60

FILED APR 5 1943
Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 170 W West street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 1 1/2 years
years, months or days

3. (a) PRINT FULL NAME GEORGE REILLY AKEMAN
3. (b) If veteran, ✓ name war. 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nell Akeman 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased December 7 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 26 - hr. ✓ min.

9. Birthplace Sweet Springs Rural Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business General Farm Work

MOTHER FATHER { 12. Name Peter Akeman
13. Birthplace Don't know
(City, town or county) (State or foreign country)
14. Maiden name Betty Harris
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Donnell
(b) Address Sweet Springs, Mo
17. (a) Sweet Springs, Mo (b) Date thereof 3-7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs
18. (a) Signature of funeral director Jesse Harkney
(b) Address Sweet Springs, Mo
19. (a) 3-6-43 (b) Met O. Debelthok
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 170 West street
(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 5
year 43 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from Mar 5 to Mar 5, 1943
that I last saw him alive on Mar 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to.....
Due to.....

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

Major findings: 830
Of operations.....
Of autopsy.....

Duration

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.....
23. Signature [Signature] (M. D. or other) ✓
Address [Signature] Date signed 3/6/43

(Licensed Embalmer's Statement on Reverse Side)

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

4-3-43

APR 5 1943

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 ml
....., Registered Apprentice No.
working under my personal supervision.

Signed

Jesse Hawley

Licensed Embalmer No. 2214

P. O. Address Swett Springs, 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.