

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28543**

SEP 9 1943

Registration District No. **160**

Primary Registration District No. **5592**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Mississippi River at St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3**
(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

Nancy Malissie Akins

3. (b) If veteran,

name war **No**

3. (c) Social Security

No. **489-07-3628**

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

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years

7. Birth date of deceased **April, 22, 1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **6** Days **24** If less than one day **-** hr. **-** min.

9. Birthplace **Kinsey, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Milliner**

11. Industry or business **Millinery Shop**

12. Name **William Frank Akins**

13. Birthplace **Kinsey Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Rhoda Ann Kennedy**

15. Birthplace **Kinsey Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lewis E. Akins**

(b) Address **Danby, Mo. R.F.D. # 1**

17. (a) **Burial** (b) Date thereof **8/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Cem (Kinsey Mo.)**

18. (a) Signature of funeral director **H. L. Wier**

(b) Address **Festus, Mo.**

19. (a) **August 12/43** (b) **H. L. Wier**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Louis**
(c) City or town **St Louis**
(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 **Nov** day **16**
year **(1943)** hour **8:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug. 12, 1943**, to **-**, 19**-**

that I last saw him **-** alive on **-**, 19**-**
and that death occurred on the date and hour stated above.

Immediate cause of death **From causes unknown to the jury but presumably from drowning in Mississippi River**
Due to **-**

Due to **-**

Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **-**

Of autopsy **-**

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) **Suicide**
(b) Date of occurrence **Nov. 16 (1943) 1942**

(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Jumped off Eads Bridge
While at work? **no** (Specify type of place)

(e) Means of injury **drowning**

23. Signature **Edward W. Welsh Jr. Act. Coroner**

Address **Crystal City, Mo.** Date signed **8-12-43**

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

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.

Not embalmed

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.