

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED SEP 25 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000 5466

State File No.

Registrar's No.

31513

763

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: OSTEO PATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 24R 1MO. 29 DAY 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME IVAL LEE AKIN

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

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)
7. Birth date of deceased JULY 14 1941 (Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 29 If less than one day
hr. min.

9. Birthplace GREENE CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business AT HOME

MOTHER FATHER { 12. Name FRANK AKIN
13. Birthplace STRAFFORD MO.
14. Maiden name OPAL ZWELLA HACKER
15. Birthplace ROGERSVILLE MO.

16. (a) Informant Frank Akin
(b) Address Strafford Mo. R# 2

17. (a) Burial (b) Date thereof SEP 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Basville Cem.

18. (a) Signature of funeral director J. Whiting
(b) Address Springfield Mo.

19. (a) 9-13-43 (b) D. S. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Strafford 039
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP day 13th
year 1943 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept-10-1943
to Sept-13-1943
that I last saw alive on Sept-13
and that death occurred on the date and hour stated above.

Immediate cause of death DIARRHEA-AND ENTERITIS

Due to DYSENTERY
TYPE UNKNOWN

Due to 77C

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) none
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury

23. Signature D. F. Youell (M. D. or other) D.O.
Address 2345 E. Commercial Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed

May Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.

X