No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32170
State File No.

FILED SEP 1 1943

Registration District No. 437   Primary Registration District No. 5820 435 3   Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Gideon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Gideon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. rural — #-1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Richard Lee Akeridge

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 Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive Infant years
7. Birth date of deceased Aug 10th 1943
(Month) (Day) (Year)

8. AGE: Years — Months — Days 14 — If less than one day 14 hr. 30 min.

9. Birthplace Gideon Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant

FATHER
12. Name James E. Akeridge
13. Birthplace Gideon MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Essie M. Smith
15. Birthplace Lawrence Co Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant R. B. Smith
(b) Address Gideon MO
17. (a) Burial (b) Date thereof 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanfield Cemetery
18. (a) Signature of funeral director None
(b) Address
19. (a) Sept 1 43 (b) Zenda Macon
(Date received local registrar) (Registrar's signature)

538 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1943 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 8/10/43, 19..., to 8/24/, 1943
that I last saw him alive on 8/10/, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Valvular Heart disease — Duration life
Due to Premature birth. Toxaemia.
Due to Pregnancy in Mother
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

151M

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

23. Signature S. E. Mitchell (M.D. or other) MD
Address Malden Mo Date signed 8/25/43

RECEIVED
District Health Office No. 2,
District File Number 9-13-1133
Date Filed 9-13-43

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.