

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37935

FILED DEC 9 1943 63

Primary Registration District No.

5241

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar County Mo
(b) City or town Rural Madison Twp
(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 1
(Specify whether
In this community 70 yrs
years, months or days)

3. (a) PRINT FULL NAME MINNIE ROWENA AKINS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Akins 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased: April 4 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 7 hr. min.

9. Birthplace Polk County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Landon Carter Hale
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Annie B YOKLEY
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Akins
(b) Address Fair play Mo

17. (a) Burial (b) Date thereof 11-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apartment Fair play Mo

18. (a) Signature of funeral director Walter Akins
(b) Address Fair play Mo

19. (a) Nov 11, 1943 (b) Edw. J. Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 020
(c) City or town Rural Fair play 0
(If outside city or town limits, write "RURAL")
(d) Street No. (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 Nov day 11
year 1943 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from April
15, 1943, to 11/11/1, 1943
that I last saw her alive on Nov 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration Months

Due to Hyperthyroid & Diabetes Mellitus

Due to

Other conditions 61
(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?

(Specify type of place)
While at work (e) Means of injury 2

23. Signature Dr. O. F. Wilson (M. D. or other) DO
Address Fair Play Mo Date signed 11/15/43

(Licensed Embalmer's Statement on Reverse Side)

1291

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

RECEIVED

District Health Officer No. 71

District File Number 11-43-1315-

Date Filed 12-7-43

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

Richard D. Curran

Licensed Embalmer No. 3092

P.O. Address. *Baltimore, Md.*

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.