

FILED MAR 9 1944 3

Registration District No.

Primary Registration District No. 6090 4474

Registrar's No. 4

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town SWEET SPRINGS MO LIBERTY TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME ANNIE MAY AKEMAN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife MARSHALL BEAMAN AKEMAN 6. (c) Age of husband or wife if deceased DECEASED years
7. Birth date of deceased APRIL 20 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 14 If less than one day hr. min.

9. Birthplace SALINE COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name ROBERT CONNER
13. Birthplace STATE OF ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name SARAH LITTLE
15. Birthplace STATE OF ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant HATTIE P. HUNTER
(b) Address HOUSTONIA MO

17. (a) BURIAL (b) Date thereof FEB 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FALLVIEW CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) FEB 16 44 (b) Mr John Hoffmann
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SALINE
(c) City or town RURAL SWEET SPRINGS MO
(If outside city or town limits, write "RURAL")
(d) Street No 10 MI NORTH + EAST SWEET SPRINGS MO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 14
year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 19 43 to 2-14 19 44

that I last saw her alive on 2-14-44 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Hypertension and generalized arteriosclerosis
Due to Hypostatic pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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?
(Specify type of place) (e) Means of injury

23. Signature Chas R Parsons (M. D. or other) Dr. H.
Address Sweet Springs Mo Date signed 2-15-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-8-44

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. S. James

Licensed Embalmer No.....

2053

P. O. Address.....

Concordia 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.