

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24653

Registration District No. 35/28

Primary Registration District No. 2000

Registrar's No. 563

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 Cherry
Burger Connelly Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 3 Months
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mrs. Sarah C. Akins

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 Widowed
6. (b) Name of husband or wife John Akins 6. (c) Age of husband or wife if alive DEC years
7. Birth date of deceased May 24, 1840
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business

12. Name William Kirsey
13. Birthplace unk. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. R. Shroyer
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation XXXXX Eastlawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield Mo.

19. (a) 7-10-44 (b) or M. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 767 E. Cherry
(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 July day 8
year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1
1944 to July 8 1944
that I last saw her alive on July 8
and that death occurred on the date and hour stated above.
Immediate cause of death Uræmia

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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
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?

While at work? (Specify type of office) (e) Means of injury
23. Signature W. H. Smith (M. D. or other)
Address Springfield, Mo. Date signed 7-10-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Leo L. Gorman

Licensed Embalmer No.

3177

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 5638

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

- (a) County Shreve
(b) City or town Springfield
(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 years, months or days)

3. (a) PRINT FULL NAME

Mrs Sarah C. Abner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 24 1868
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 1 If less than one day, min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (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 July Day 18 Year 1944 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1944 to 1944 that I last saw him alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Memoria Duration

Due to

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131R

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?

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

23. Signature William Smith (M. D. or other) MD
Address Date signed 18-11-44

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

24653