

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 153

1. PLACE OF DEATH:  
 (a) County JEFFERSON  
 (b) City or town Festus, Mo.  
 (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 1 (Specify whether)  
 In this community 23 years (Specify whether)  
 years, months or days

3. (a) PRINT FULL NAME CARL E. AKINS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race Caucasian 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased Nov. 30 1903  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 9 16 hr. min.

9. Birthplace Brinkley Ark. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Seaman

11. Industry or business Pittsburgh Plate Glass Co

12. Name William Akins

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

14. Maiden name Wells Chermans

15. Birthplace Agusta Ark. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Festus Lucy Akins  
 (b) Address Festus, Mo.

17. (a) Burial (b) Date thereof Aug 21 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Georck R. Palitta  
 (b) Address Crystal City, Mo  
 19. (a) Sept 20 1944 (b) Myrtle Williams  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Jefferson  
 (c) City or town Festus  
 (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 Sept day 16,  
 year 1944 hour 5:10 minute P. M.  
 21. I hereby certify that I attended the deceased from July 29,  
 1944 to Sept 15, 1944  
 that I last saw him alive on Sept 15, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_  
 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 \_\_\_\_\_  
 (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)  
 (d) Means of injury \_\_\_\_\_  
 23. Signature Retain Legat (M. D. or other)  
Festus, Mo Date signed 9/19/44

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

OCT 26 1944

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 10-24-44

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

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

Signed

*Georg R. Platte*

Licensed Embalmer No. 3481

P. O. Address *Crystal City, 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.