

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. 13634

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Clasper
(b) City or town SARCOXIE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Margaret Clabe Akins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 22 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 1 hr. 1 min.

9. Birthplace Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thos. January 9

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

14. Maiden name Elizabeth Patterson

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

16. (a) Informant Juaneta Peathens

(b) Address SARCOXIE

17. (a) BURIAL (b) Date thereof 4-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cemetery

18. (a) Signature of funeral director Chas. W. Williams

(b) Address Gradman, Mo.

19. (a) 4-6-46 (b) L. B. Clinton, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clasper
(c) City or town Sarcoxie
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1946 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 21 1946 to April 1 1946
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & Respiratory failure

Due to Influenzal pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature J. E. Kilbane, M.D. (M.D. or other)

Address Sarcoxie, Mo. Date signed Apr 4 46

(Licensed Embalmer's Statement on Reverse Side)

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

12540

46-3-227

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 Marshall Williams Pickett

Licensed Embalmer No. 4164

P.O. Address Jordan, 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.