

FILED JUN 8 1946

Registration District No. _____ Primary Registration District No. **4424** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Polk**

(b) City or town **Humansville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Memmitt Memorial Hospital 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Days**
(Specify whether _____)

In this community **22 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**

(c) City or town **Humansville 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MARY L. AKINS**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1946** hour **11:35** minute _____ P. M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Joe L. Akins** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 21 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January** 1946, to **May 3, 1946**; that I last saw her alive on **May 3, 1946** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

78 1 12 hr. _____ min.

Immediate cause of death **Chronic nephritis**

Duration _____

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

Due to _____

Due to _____

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business **Own home**

Major findings: Of operations **Polk**

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Jake Cowan**

13. Birthplace **Knox Co. Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Bagley**

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

16. (a) Informant **Lyle Cowan**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(b) Address **Humansville Mo**

(c) Where did injury occur? _____ (City or town) (County) (State)

17. (a) **Burial** (b) Date thereof **May 6 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation **Humansville Cem.**

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

18. (a) Signature of funeral director **G. G. Robinson**

23. Signature **G. G. Robinson** (M. D. or other) **M.D.**

(b) Address **Humansville Mo.**

Address **Humansville Mo.** Date signed **5/5/46**

19. (a) **May 7 1946** (b) **Quille Kirkpatrick**
(Data received local registrar) (Registrar's signature)

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

16585

DEC 1 1 1953

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.....

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

Signed *E. H. Primm*

Licensed Embalmer No. *4282*

P. O. Address *Humansville, 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.