

FILED OCT 31 1946

Registration District No. 38

Primary Registration District No.

5120

Registrar's No.

254

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 72 Years
years, months or days

3. (a) PRINT FULL NAME WILLIAM MARSHALL AKEMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Jacobs Akeman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 23 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 28 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Akeman
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Elliott
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.M. Akeman
(b) Address Route 3, Columbia, Mo.
17. (a) Burial (b) Date thereof 10-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Grove Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 10-24-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1946 hour 11 minute 50 A. M.

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

Immediate cause of death Chronic nephritis,
pyloric obstruction
cachexia
Due to Chronic pyloric obstruction
old healed duodenal ulcer.
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)
Means of injury _____
23. Signature Robert H. Simpson M.D. (M, D or other)
Address Columbia Mo Date signed 10/21/46

RECEIVED
District Health Officer No. 8,
District No. 10/27/41
Date Filed

OCT 31 1946

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.....

Tom M. Harg

Licensed Embalmer No.....

4867

P. O. Address.....

Columbia, 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.