

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37676

State File No.

FILED DEC 12 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 999

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 5 days
years, months or days

3. (a) PRINT FULL NAME

John William Akard

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

0

4. Sex

Male

5. Color or

race white

2

(a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

Edna Akard

6. (c) Age of husband or wife if

alive yes

7. Birth date of deceased

Aug

(Month)

15

(Day)

1875

(Year)

8. AGE:

Years

Months

Days

If less than one day

72

3

6

hr.

min.

9. Birthplace

Polk County Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

Sparkman

12. Name

John Akard

13. Birthplace

Polk Co. Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Elizabeth Jackson

15. Birthplace

Cedar Co. Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. E. R. Compton

(b) Address

1146 S. Pickwick

17. (a)

Burial

(b) Date thereof

Nov. 23, 1947

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Springfield, Mo.

18. (a) Signature of funeral director

Equin & Sons, Banker

(b) Address

Fairplay, Mo.

19. (a)

11-21-47

(b)

W. E. Handley, Jr.

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Fairplay 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Village
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 4:30 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11/17/47 to 11/21/47

that I last saw him alive on 11/20/47

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration ?

Due to

Due to

Other conditions Arterio-sclerosis ?
(Include pregnancy within 3 months of death)

Major findings:

Of operations 131B

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 0

23. Signature A. B. Lemmon (M. D. or other) MA

Address Springfield, Mo. Date signed 11/24/47

(Licensed Embalmer's Statement on Reverse Side)

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

35 AM 67

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.....

Chas J. Ester

Licensed Embalmer No.....

4154

P. O. Address.....

Bolivia, 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.