

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40754

FILED NOV 25 1947

Registration District No. 376

Primary Registration District No. 4560

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: At Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Norwood
(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.....

3. (a) PRINT FULL NAME Laura Abbigail Akeman

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1947 hour 1 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Akeman

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased: April 19 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1947 to Nov 5 1947

that I last saw her alive on Nov 5 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>16</u>	hr. min.

Immediate cause of death: Stroke

Due to Arteriosclerosis

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings:
Of operations..... 837

Of autopsy.....

11. Industry or business.....

12. Name H. D. Harkins

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

14. Maiden name Anna Kenny

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Elmer P. Sperling

(b) Address 827 S 7th, Kansas City 3, Kan.

17. (a) Burial (b) Date thereof 11-7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Cemetery

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?.....

18. (a) Signature of funeral director Thomas A. Bouldin

(b) Address Box 136, Norwood, Mo.

19. (a) 11-12-47 (b) Ma A P. Gougham
(Data received local registrar) (By means of whom certified)

While at work..... (Specify type of place) (e) Means of injury Stroke

23. Signature W. J. [unclear] (M. D. or other)

Address W. J. [unclear] Date signed 11/17/47

24. Licensed Embalmer's Statement on Reverse Side

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

4
9

RECEIVED

District Health Officer No. 6

District File Number 1147-1235

Date Filed NOV 27 1947

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, THOMAS A. HAULDIN

Registered Apprentice No. _____

working under my personal supervision.

Signed

Thomas A. Hauldin

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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.