

FILED FEB 6 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 742

Primary Registration District No. 2000

Registrar's No. 71

## 1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2258 Oakland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Yrs (Specify whether years, months or days)  
In this community Lifetime excepting 30 Yrs

3. (a) PRINT FULL NAME Mrs. Neta Elvira Akin3. (b) If veteran, No name war. 3. (c) Social Security No. 491-09-8319

4. Sex F M / 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow  
6. (b) Name of husband or wife. George Akin 6. (c) Age of husband or wife if alive. Died 6 Yrs Ago 70  
7. Birth date of deceased. August 26 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>27</u>	.....hr. ....min.

9. Birthplace. Greene County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER { 12. Name George Walls  
13. Birthplace. ? ? ? Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name. Mary Brockus  
15. Birthplace. ? ? ? Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Lyon(b) Address 2258 Oakland17. (a) Burial (b) Date thereof 1-26-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellview18. (a) Signature of funeral director W.L. Dunn(b) Address Springfield, Mo.19. (a) 1-23-48 (b) W.E. Handley (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2258 Oakland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1948 hour 2 minute 15 A. M.21. I hereby certify that I attended the deceased from unattended by physician  
that I last saw him alive on 19 19  
and that death occurred on the date and hour stated above.Immediate cause of death probably chronic myocarditis  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

## 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 W.E. Handley (M. D. or other) Local Registrar  
Address Springfield, Mo. Date signed 1-23-48

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

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.