

No. 2  
-1/47  
-17-39

743

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 27 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 9

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: 423 1/2 S. Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

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. 423 1/2 S. Campbell  
(If rural, give location) No  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Robert Akins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased 1876 February 22  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 11 ..... hr. .... min.

9. Birthplace Fair Grove Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name John H. Akins  
13. Birthplace ??? Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Ingram  
15. Birthplace Van Buren Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Akins  
(b) Address Rt. 4 Box 210, Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 6, 1938  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 1-5-98 (b) W. S. Handley M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3  
year 1948 hour 5 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1-2 1948 to 1-3 1948  
that I last saw him alive on 1-2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic Cardiovascular disease  
Due to .....

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

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause of 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 O ✓

23. Signature W. S. Handley (M. D. or other) .....  
Address Springfield, Mo. Date signed 1-5-48

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

---

---

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.....

*H. J. McCann*

Licensed Embalmer No.....

*2727*

P. O. Address.....

*Springfield 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.