

S. No. 300
 M-10-47
 v. 5-17-39
 I 3908

FEDERAL SECURITY AGENCY
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 9051
 Registrar's No. _____

FILED APR 6 1948
 Registration District No. 186

Primary Registration District No. 2001

49
 23
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2509 Utica Nursing home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
(Specify whether
 In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Lakeside Joplin, Mo. R.#1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ada Pearl Akin
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 11
 year 1948 hour 8 minute P. M.
 21. I hereby certify that I attended the deceased from 7 March 1948
 to 11 March 1948
 that I last saw her alive on 11 March 1948
 and that death occurred on the date and hour stated above.

4. Sex F. / 5. Color or race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife James Akin
 6. (c) Age of husband or wife if alive 21 years
 7. Birth date of deceased January 21 1873
(Month) (Day) (Year)

Immediate cause of death Hypothalamic pneumonia
 Due to arteriosclerosis of the brain
 Duration 2 days

8. AGE: Years 75 Months 1 Days 20
 If less than one day hr. _____ min. _____

Due to _____
 Other conditions arteriosclerosis of the brain
(Include pregnancy within 3 months of death)

9. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

Major findings:
 Of operations 93D
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name No Data
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Martha C. Jones
 15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant Hus. James Akin
 (b) Address Lakeside Joplin, Mo. R.#1
 17. (a) burial (b) Date thereof 3/14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Carterville Cem.

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 Hedge-Lewis
 (b) Address Webb City, Missouri
 19. (a) 3-16-48 (b) Salmon Tompha
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 Signature W. L. Lewis (M. D. or other) MD
 Address Carterville, Mo. Date signed 3-13-48

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.....

Leonard J. Lewis....., Registered Apprentice No. *44*
 working under my personal supervision.

Signed..... *T. W. Hedge*.....

Licensed Embalmer No. *2859*.....

P. O. Address..... *W. B. W. W. W.*.....

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.