

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 14 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17197

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 69

1. PLACE OF DEATH

(a) County Pulaski
(b) City or town Richland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME

ANDREW AKENS

3. (b) If veteran, name war No. 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

7. Birth date of deceased Jan 18 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Jack Akens

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

14. Maiden name Julian Holden

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

16. (a) Informant Charles Appleby

(b) Address Richland Mo

17. (a) Burial (b) Date thereof 5/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R. B. Jones

(b) Address Richland Mo

19. (a) 6-11-48 (b) Thelma C. Buckthorpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Richland Mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29 year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from 4-1 1948, to 5-28 1948,
that I last saw him alive on May 28
and that death occurred on the date and hour stated above.

Immediate cause of death cessation of respiration

Due to passing congestion and hypostatic pneumonia

Due to cardio-vascular renal disease

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) (c) Means of injury

23. Signature L. L. Myers (M. D. or other) Do

Address Richland Mo Date signed 6-1-48

SEP 12 1957

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.

Not Embalmed

Signed.....

R.B. Jones

Licensed Embalmer No. *3198*

P. O. Address. *Richmond*

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.