

FILED OCT 1, 1948

Registration District No.

Primary Registration District No. **5586**

Registrar's No. **211**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural - Marion**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Joplin Rt 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 Years** (Specify whether years, months or days)
In this community, years, months or days

3. (a) PRINT FULL NAME **Ruby Alice Akin**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Cpt. Lawrence B. Akin** 6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **October 26, 1901**
(Month) (Day) (Year)

8. AGE: Years **46** Months **10** Days **25** If less than one day hr. min.

9. Birthplace **Delta Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Harrison G. Nida**

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

14. Maiden name **Matta Morton**

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

16. (a) Informant **L.B. Akin**

(b) Address **Joplin Rt # 1**

17. (a) **Burial** (b) Date thereof **9-24-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 S. Garrison**

19. (a) **9-23-1948** (b) **L.B. Akin**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural-Marion**
(If outside city or town limits, write "RURAL")
(d) Street No. **Joplin Rt # 1.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **21** year **1948** hour **3** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Jan 2** 19**47** to **Sept 21** 19**48**
that I last saw her alive on **May 20** 19**48**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Cerebral emboli**

Due to **instant death**

Due to **Myocarditis Chronic with Auricular fibrillation**

Other conditions **Chronic Nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **homicide**

(b) Date of occurrence **9-24-48**

(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? **homicide**

While at work (Specify type of place)

Means of injury **George H. Wood** (M. D. brother)

Address **Carthage Mo** Date signed **9/21/48**

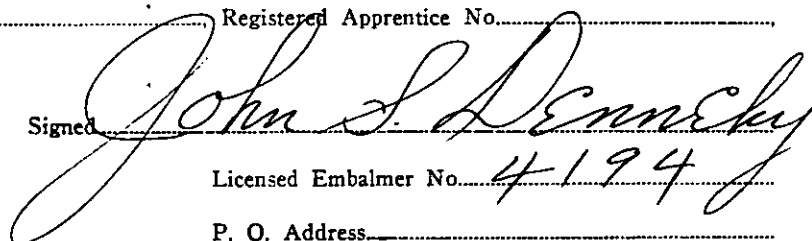
OCT 5 1961

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed



Licensed Embalmer No. 4194

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.