

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. LUKE'S 1 month 13 days
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month 13 days
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town Osage N. W. R.
(If outside city or town limits, write "RURAL")
 (d) Street No. 115 1/2 Third St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME CARL JACKSON AKINS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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 October 10 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace COTTER I HA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name James P. AKINS

13. Birthplace MT. Pleasant I ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name VIRGINIA BEAN

15. Birthplace WEST Plains D MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James P. Akins

(b) Address Osage, Illinois

17. (a) Osage (b) Date thereof 4 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage, Illinois

18. (a) Signature of funeral director Should H. Danham

(b) Address Osage, Illinois

19. (a) MAR 24 1941 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
 year 1941 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 11, 1941, to 3/24/41, 19____;
 that I last saw him alive on 3/24/41, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Postencephalitic rheumatism Duration 10-12 yrs

Due to _____
 Due to _____

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

Major findings: Atrophy of cerebral cortex Underline the cause to which death should be charged statistically
 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 _____

28. Signature R. W. Wadley (M. D. or other) _____
 Address 495 1/2 Maryland Date signed 3/24/41

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 me

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

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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, above space should be left blank.