

**FILED FEB 7 1942**

Registration District No. **77**

Primary Registration District No. **5-070**

1. PLACE OF DEATH:  
 (a) County **Bates - Deer Creek Twp.**  
 (b) City or town **Adrian Mo. RFD #1**  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **15 years**  
 In this community **15 years**  
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Bates**  
 (c) City or town **Adrian RFD Adrian Mo. - Deer Creek Twp.**  
 (d) Street No. **R. 70 #1 N.W. Adrian**  
 (e) Citizen of foreign country? **No**  
 If yes, name country.....

3. (a) PRINT FULL NAME **Charles Thomas Akins**

3. (b) If veteran, name war **210**  
 3. (c) Social Security No. **✓**

4. Sex **male**  
 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Minnie**  
 6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **November 25, 1884**  
 (Month) (Day) (Year)

8. AGE:  
 Years **57** Months **1** Days **17**  
 If less than one day hr. /min.

9. Birthplace **Polk County Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William Akins**  
 13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Ella**  
 15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Akins**  
 (b) Address **RFD #1 Adrian Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 13/42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dayton Mo., Cemetery**

18. (a) Signature of funeral director **Booth Funeral Home**  
 (b) Address **Butler Missouri**

19. (a) **Jan. 13, 1942** (b) **Ethel C. Stephens**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **12**  
 year **1942** hour **5** minute **45PM** M.

21. I hereby certify that I attended the deceased from **July 7** 1941 to **Jan 11** 1942  
 that I last saw him alive on **Jan 11** 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Lungs**  
 Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)  
**138'**

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to 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?.....

(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.....

23. Signature **D. L. Cole** (M. D. or other) **DO**  
 Address **Adrian Mo.** Date signed **1/18/42**

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

7  
9

RECEIVED

District Health Officer No. 7;

District File Number 2-42-4

Date Filed 2-5-42

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 John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Budler 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.