

FILED MAY 20 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3008

Registrar's No. 133

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 19  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 2m 12d  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Thomas Akeman

3. (b) If veteran, name war D.K.

3. (c) Social Security No. B.R.

4. Sex M. W. 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased Nov. 1857  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miami OMO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Laborer

11. Industry or business \_\_\_\_\_

12. Name Thomas Akeman

13. Birthplace Va. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Ball

15. Birthplace Lynn County OMO  
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 4 20 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director J. O. Roberts

(b) Address Columbia mo

19. (a) 4-20 1942 (b) Joan Morant Hoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline 13

(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")

(d) Street No. County Home 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1942 hour 11-40 minute P. M.

21. I hereby certify that I attended the deceased from 4/17/1942 to 4/17/1942  
that I last saw him alive on 4/17/1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Bilat Duration 2d

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

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? \_\_\_\_\_  
(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)

23. Signature George R. Reers (M. D. or other) OMO

Address Fulton mo Date signed 4/17/42

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

14  
1  
2

OCT 5 1948

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**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.....

Licensed Embalmer No.....

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.**