V. S. No. 2
50M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1943

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28055

Primary Registration District No. 5910

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Pemiscot Rural ~~Cottonwood~~
(If outside city or town limits, write "RURAL" and name of township)

(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 ..... In this community: 28 Yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Steele Rural
(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: //

3. (a) PRINT FULL NAME: John Kenneth Akin

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

3. (c) Social Security No.: NONE

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mattie Akin

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: May (Month) 14 (Day) 1886 (Year)

8. AGE: Years 57 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: Cerregordo (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: .....

FATHER
12. Name: Rev. Ira L. Akin
13. Birthplace: Don't Know ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Perry Davis
15. Birthplace: Hardin County (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant: Mattie Akin
(b) Address: Steele, Missouri Rt #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: German Undt. Co.

18. (a) Signature of funeral director: Mt Zion Cemetry
(b) Address: Steele, Missouri Box 121

19. (a) 8-19-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1943 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from June 14, 1943, to Aug 13, 1943; that I last saw him alive on June 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 fl

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) (e) Means of injury .....

23. Signature: L. E. Cooper (M. D. or other) M.D.
Address: Caruthersville Mo. Date signed 8-17-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1943

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 John St. German, Registered Apprentice No. 344, working under my personal supervision.

Signed Jas. R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville Ark.

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.