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OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

Reg. Dist. No. 1324
Primary Reg. Dist. No. 8493

State File No. 4147
Registrar's No. 219

1. PLACE OF DEATH:
(a) County Summit
(b) Akron
(City, Village, Township)
(c) Name of hospital or institution:
43 South Johns Ave
(If not in hospital or institution, write street No. or location.)
(d) Length of stay: In hospital or institution _____ (Days)
In this community 31 yrs
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Summit
(c) City or village Akron
(If outside city or village, write RURAL.)
(d) Street No. 43 S. Johns Ave
(If rural, give location.)
(e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME Rebecca L. Verner
(a) If veteran, name war _____ (b) Social Security No. 290-10-2789
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Raymond 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 18th 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. Date of death: Month Jan day 28th year 1945 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from Jan 23, 1945 to Jan 27, 1945; that I last saw her alive on Jan 27, 1945 and that death occurred on the date and hour stated above. Duration
Immediate cause of death Coronary Myocarditis 6 months

8. AGE: Years Months Days If less than one day
67 1 10 hr. min.

Due to arteriosclerosis

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

Due to old

10. Usual occupation Food & Rubber Co.

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

11. Industry or business Maintenance

12. Name Unknown

Major findings of operation no

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

Major findings of autopsy no

14. Maiden name E. Swington

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

16. (a) Informant's signature E. L. Baldwin

(b) Address 760 E. Market St

Underline the cause to which death should be charged statistically.

17. (a) Burial, cremation, or other: (b) Date Jan 31-45

(c) Place East Akron Cem

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 Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) How did injury occur? _____

(d) E. L. Baldwin 4655A
(Name of Embalmer) (Lic. No.)

18. (a) R. H. Eckard 597
(Signature of Funeral Director) (Lic. No.)

(b) Address Akron O.

23. Signature W. J. Pappas M.D.
(Specify if Doctor of Medicine or Osteopathy)

Address 602 W. 1st St. Date signed 1/30/45

19. (a) 1/31/45 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V. S. 31