

Registration District No. 2002Primary Registration District No. 2002

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Jasper 3  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
15th & Illinois  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 months  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Henry Aikins 252

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Ruth Irene Aikins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 1 1884  
(Month) (Day) (Yr.)8. AGE: Years 55 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Rawleigh Products /12. Name Russell Amos Aikins /13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Ellen Coughlin  
(City, town, or county) (State or foreign country)15. Birthplace Nebraska  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Ruth I Aikins(b) Address Kansas City Mo17. (a) Burial (b) Date thereof 11-20-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Independence Mo.18. (a) Signature of funeral director J. H. Reynolds(b) Address Joplin Mo19. (a) 11-18-39 (b) E. D. Spurr  
(Date received local registrar) (Registrar's signature)2. USUAL RESIDENCE OF DECEASED: 1(a) State Missouri (b) County Jasper(c) City or town Joplin Mo  
(If outside city or town limits, write "RURAL")(d) Street No. 632 Pearl  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1939 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_

that I last saw in bed 19 to 19 ;  
alive on November 16 , 1939 ;  
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Skull Duration \_\_\_\_\_Due to Automobile - Train  
Collision

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

Other conditions g d b  
(include pregnancy within 3 months of death)Major findings: Of operations NoneOf autopsy Inquest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence November 16 - 1939(c) Where did injury occur? Joplin, Mo  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Street and railroad crossingWhile at work? Yes (Specify type of place)(e) Means of injury Collision23. Signature A. T. Winchester (M. D. or other)Address Joplin, Mo Date signed 11/20/39

RECEIVED

District Health Officer No. 6,

District File Number 12039-2495

Date filed DEC 7 1939

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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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Josephine Me

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.