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No. 2
4-2-43
S-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 30 1943 46

Registration District No. _____ Primary Registration District No. 3026

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium
(If outside city or town limits, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 21 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3214 East 31 St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME JAMES H. AIKINS

3. (b) If veteran, name war no 3. (c) Social Security No. 494-10-493

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Frances Aikins 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased June 10 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>4</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Transit Clerk
Railroad

11. Industry or business James Aikins

12. Name _____

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

14. Maiden name Ruth Butler

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

16. (a) Informant Mrs Frances Aikins
3214 East 31 St

(b) Address Burial 10 18th 1943

17. (a) Burial (b) Date thereof 10 18th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 10-16-1943 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1943 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from July 11, 1943
To Aug 20 & Oct 14, 1943 to Oct 15, 1943
that I last saw him alive on Oct 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial stenosis & Cardiac enlargement & 3° decompensation
Due to Rheumatic fever Several yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Chas E. Kistner (M. D. or other)

Address Independence Mo Date signed 10/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
4
4

MOTHER FATHER

1163

(Licensed Embalmer's Statement on Reverse Side)

DR NICKSON

DEC 1 1943

NOV 9 1943
MAR 27 1944

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 Chas Wilks

Licensed Embalmer No. 9644

P. O. Address 1800 Linwood

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.