

S. No. 2
M-543
7. 5-17-39
I X3667

FILED APR 10 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1403

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hrs (Specify whether years, months or days)

In this community 4 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2400 East 14 St
(If rural, give location) 29

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gary W. Aiken

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 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

7. Birth date of deceased Aug 1 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1946 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

4	7	23	hr. min.
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Immediate cause of death

Ruptured, torn spleen & left kidney

Due to Auto Trauma

Other conditions Auto + pedestrian
(Include pregnancy within 3 months of death)

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

10. Usual occupation Child

11. Industry or business

MOTHER FATHER { 12. Name Eugene Aiken

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

14. Maiden name Audrey Dean

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

Major findings: Of operations 17 DC - 8

Of autopsy spec - as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Audrey Blakely

(b) Address 3400 East 14 St

17. (a) Burial (b) Date thereof Mar 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 3-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 128

(b) Date of occurrence 3-24-46

(c) Where did injury occur? 100 Jackson Ave
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury ambulance

23. Signature Jimmie Allen (M. D. or other) Allen

Address 1924 W. of A. J. Date signed 3-25-46

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

8171

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 *L. N. Wise*.....

Licensed Embalmer No. *2570*.....

P. O. Address *K.C. Mo*.....

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.