No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1940

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4125

State File No. 18221

Registrar's No. 28-17

1. PLACE OF DEATH:

(a) County: Clinton

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

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

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Plattsburg
(If outside city or town limits write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 43 years.

3. (a) PRINT FULL NAME: Charles Oscar Aitkens Jr.

3. (b) If veteran, name war: ____

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: Cecil Aitkens

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: October (Month) 1 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
43	7	23	____ hr. ____ min.

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

10. Usual occupation: Contractor

11. Industry or business: Painting - Paper Hanger

MOTHER FATHER

12. Name: William Aitkens

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

14. Maiden name: Alice Sheets

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

16. (a) Informant: C.E. Aitkens

(b) Address: Plattsburg Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26 40 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Plattsburg

18. (a) Signature of funeral director: O'Brien-Lyon

(b) Address: Plattsburg Missouri

19. (a) May 25-40 (Date received local registrar) (b) Eunice Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 24 year: 1940 hour: 1 minute: 45 P. M.

21. I hereby certify that I attended the deceased from 1:10 PM May 14, 1940, to 1:45 PM, 1940 that I last saw him alive on May 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: P.M. Steckman (M. D. or other)

Address: Plattsburg Date signed: 1-25-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640-963
Date Filed JUN 18 REC'D

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 Carroll D. Lyon

Licensed Embalmer No. 3640

P. O. Address Platteburg 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, above space should be left blank.