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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26048

State File No.

Registration District No. 218

Primary Registration District No. 6830

Registrar's No. 38

## 1. PLACE OF DEATH:

(a) County Putnam  
 (b) City or town Unionville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Monroe Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Bernice May Aitken3. (b) If veteran,  
name war3. (c) Social Security  
No.4. Sex F 5. Color or  
race W6. (a) Single, widowed, married,  
divorced M6. (b) Name of husband or wife J. B. Aitken

6. (c) Age of husband or wife if

7. Birth date of deceased May  
(Month)alive 59 years  
(Day) (Year)8. AGE: Years 48 Months 1 Days 23If less than one day  
hr. min.9. Birthplace Holton  
(City, town, or county)Kan.  
(State or foreign country)10. Usual occupation Sales Work

11. Industry or business

12. Name J. S. Goodrich13. Birthplace N.Y.  
(City, town, or county)N.Y.  
(State or foreign country)14. Maiden name Almira Wagner15. Birthplace N.Y.  
(City, town, or county)N.Y.  
(State or foreign country)16. (a) Informant John J. Aitken(b) Address 11405 S. 1st St. Unionville Mo.17. (a) Removal (b) Date thereof July 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holton, Kan.18. (a) Signature of funeral director Wm. H. Aitken(b) Address Unionville Mo.19. (a) July 13, 1940 (b) Wm. H. Aitken  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State neb. (b) County  
 (c) City or town Lincoln Neb.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1405 S. 1st St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1940 hour 9 minute 45 P.M.21. I hereby certify that I attended the deceased from  
July 12, 1940, to  
that I last saw her alive on July 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Auto. accident

Due to

Crushing injury  
Chest and abdomen  
and Pelvis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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) Accident. Auto.(b) Date of occurrence July 12-1940(c) Where did injury occur? 10 mi. west Unionville Putnam Mo.  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
High Way no 4While at work? (Specify type of place) (e) Means of injury Auto23. Signature Wm. H. Aitken (M. D. or other)Address Unionville Date signed 7/13/40

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96  
95

RECEIVED

District Health Officer No. 10

District File Number 8-40-1590

Date Filed AUG 8 1940

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

*G. O. Husted*

Licensed Embalmer No. 2975

P. O. Address Unionville

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26048**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **718**

Primary Registration District No. **6430**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County **Putnam**  
(b) City or town **Unionville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) **Bernice May Aitken**  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years **48** Months **1** Days **23** If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (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. \_\_\_\_\_ years.

DEATH CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death **Auto accident** Duration \_\_\_\_\_

**Crushing injury chest and abdomen and pelvis**

Other conditions **Crushed ribs from T. Thorax both sides. Internal Injury.**

Major findings **As above.** Of operations \_\_\_\_\_

Of autopsy **210 28**

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **July 12 - 1940**

(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? **Public high way 12 mi. West of Unionville.**

(Specify type of place) \_\_\_\_\_ (e) Means of injury **from car.**

While at work \_\_\_\_\_

23. Signature **J. H. Martin** (M. D. or other)

Address **Unionville** Date signed **7/15/40**

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

