

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 14 1942  
324

Primary Registration District No. 6093

Registrar's No. 1724

1. PLACE OF DEATH:

(a) County... SALINE  
(b) City or town... MARSHALL MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
SALINE COUNTY HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 3 MONTHS  
(Specify whether

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

EDWARD THOMAS AIKEN

3. (b) If veteran,  
name war

3. (c) Social Security  
No. 494-122-178

4. Sex... MALE  
5. Color or  
race... WHITE

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... MAY  
(Month)

9... 1887  
(Day) (Year)

8. AGE: Years Months Days If less than one day  
55 6 4 hr. min.

9. Birthplace... SWEET SPRINGS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation... LABORER

11. Industry or business... DAY

12. Name... FRANK AIKEN

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

14. Maiden name... ELLA KIN KIN

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

16. (a) Informant... MRS CHARLES COX

(b) Address... BLACKBURN MO

17. (a) BURIAL (b) Date thereof... NOV 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... PISCAT CEMETERY

18. (a) Signature of funeral director... E. S. JAMES

(b) Address... CONCORDIA MO

19. (a) Nov 16-42 (b) M. T. O. Weschork  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... SALINE  
(c) City or town... BLACKBURN  
(If outside city or town limits, write "RURAL")  
(d) Street No... 5 MI SOUTH + EAST BLACKBURN MO.  
(If rural, give location)  
(e) Citizen of foreign country? ... (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov day... 13  
year... 1942 hour... 8 minute... 45 A.M.

21. I hereby certify that I attended the deceased from  
... 19... to... Nov 13, 1942.  
that I last saw him alive on... Nov 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death...  
Gastric Carcinoma?  
No X-ray verification

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 sta-  
tistically.

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)  
(f) Means of injury...

23. Signature... (M. D. or other) ...  
Address... Date signed...

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-42

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Camden, 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.**