

40204

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1266

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 17 yrs. 23 days
years, months or days)

3. (a) PRINT FULL NAME Maxine May Aiken,

3. (b) If veteran, name war None, 3. (c) Social Security No. 488-22-5401

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Marrued

6. (b) Name of husband or wife Hugh D. Aiken Jr., 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased December 9th, 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 0 23 hr. min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Soda Fountain Clerk

11. Industry or business Kresge Dime Store

12. Name George Kiess,

13. Birthplace Canton, Missouri, 0
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Sullender,

15. Birthplace Little York, Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh D. Aiken Jr.

(b) Address 724 North 6th. Street,

17. (a) Burial (b) Date thereof 1/5/43,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aspland Cemetery,

18. (a) Signature of funeral director Walter Bowman

(b) Address 319 So. 10th. Street, Home

19. (a) 1-32-43 (b) Are Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 11
(c) City or town Saint Joseph, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 724 North 6th. Street, 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.
year 1943 hour 1:00 minute 20 PM.

21. I hereby certify that I viewed the deceased on
Jan 4th 1943 at 1:00 PM.
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 1 day

Due to She said she attempted an abortion 10 days ago

Due to but post mortem examination of uterus did not indicate there had ever been a pregnancy.

Other conditions not indicate there had ever been a pregnancy.

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes 129

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 H. J. Mundy (M. D. or other) Caron

Address 464 So 3d st Date signed 1/4/43

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

APR 26 1946

Chas. L. ...

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.....
Jan 2 1943....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank A. Bowring

Licensed Embalmer No.....

1710

P. O. Address.....

St. George N. 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.