

FILED FEB 25 1943/49  
Registration District No. ....

Primary Registration District No. **1002**

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

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:  
**2628 Victor Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **50 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2628 Victor Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. **---**

3. (a) PRINT FULL NAME **Mrs. Rachel Aiken**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Mr. Charles Aiken**

6. (c) Age of husband or wife if alive. **---** years

7. Birth date of deceased. **April 10 1864**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>9</b>	<b>22</b>	hr. .... min.

9. Birthplace **St. Joseph Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business. **---**

MOTHER FATHER { 12. Name **Elihue Coppinger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Frank Houg**

(b) Address **5127 Forest Avenue**

17. (a) Burial (b) Date thereof **Feb. 4, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of **Elmwood Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-4-43** (b) **Mr. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **2nd**  
year **1943** hour **1** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 10**  
**1943** to **Feb 2 - 1943**  
that I last saw **or** alive on **Feb 2 - 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage secondary to hypertension & Diabetes**

Due to **hypertension**

Due to **Diabetes**

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?.....

While at work? (Specify type of place).....

(e) Means of injury.....

23. Signature **H. H. Crow** (M. D. or other) **MA**

Address **1022 Argyle Rd.** Date signed **2/3/43**

1022  
1-5  
W. H. Quisenberry

**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

*W. H. Quisenberry*

Licensed Embalmer No. 4070

P. O. Address KC 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.**