

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25198

State File No. \_\_\_\_\_

Registrar's No. 404

FILED AUG 11 1943

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2016 Nashville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 Years years, months or days)

3. (a) PRINT FULL NAME W. T. Aiken

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 9 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 9 15 hr. min.

9. Birthplace Batesville Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

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

12. Name Chas. Aiken  
13. Birthplace Unknown Calif.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Grimmer  
15. Birthplace Melburn Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Aiken  
(b) Address 2016 Nashville

17. (a) Burial (b) Date thereof 7/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker Hunscker

(b) Address Joplin, Missouri

19. (a) 7-29-43 (b) Gertrude Sudhorth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2016 Nashville  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1943 hour 10 minute 30 a. m.

21. I hereby certify that I attended the deceased from Dec. 12  
1942 to July 24 1943  
that I last saw him alive on July 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_

Due to Coronary schlerosis

Due to chronic myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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 Dr. E. Ernest Johnson  
Address 617 Frisco Bldg. Date signed 7/29/43

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

43-7-669

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address.....

*Joplin 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.**