No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41819

FILED JAN 10 1945

Registration District No. 3054

Primary Registration District No. 3052

Registrar's No. 413

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Pettis.

(c) City or town Sedalia.
(If outside city or town limits, write "RURAL")

(d) Street No. 514 1/2 South Kentucky St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alexander Davidson Aiken

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie

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

7. Birth date of deceased July (Month) 3 (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	5	16	hr. min.

9. Birthplace Blue Hill (City, town, or county) Maine (State or foreign country)

10. Usual occupation Assistant General Freight Agent

11. Industry or business Rock Island Railroad

FATHER
12. Name William Aiken
13. Birthplace (City, town, or county) Scotland (State or foreign country)

MOTHER
14. Maiden name Isabel Davidson
15. Birthplace (City, town, or county) Scotland (State or foreign country)

16. (a) Informant Mrs. A. D. Aiken
(b) Address Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 12-19-44 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1944 hour 5.20 P.M. minute M.

21. I hereby certify that I attended the deceased from December, 17 1944, 19, to December, 19, 1944, 19; that I last saw him alive on December, 19, 1944, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory failure, i.e. Cardio-vascular renal syndrome.	Few weeks.
Due to: Myocarditis, semi-acute.	
Due to: XXXX	
Other conditions: Locomotor ataxia. (Include pregnancy within 3 months of death)	30

Major findings:
Of operations: No operation. XXX
Of autopsy: No autopsy. XXX

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) None.

(b) Date of occurrence XXXX

(c) Where did injury occur? No injury. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury. (Specify type of place)

While at work? XXX (e) Means of injury XXXX

23. Signature C. P. Bothwell (M. D. or other)
Address 112 West 4th street Date signed 12-19-44

1622 (Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo.

RECEIVED FEB 23 1945
District Health Officer No. 8,
District File Number ----------
Date Filed ---1-25-45---

JAN 17 1955

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 K. M. Crary

Licensed Embalmer No. 215-31

P. O. Address Lake Isabella N

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.