. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42553

Registration District No. 6323 Primary Registration District No. 6090 Registrar's No. 56

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town RURAL, LIBERTY Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE 97
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. LIBERTY Twsh. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARTHA JANE AIKMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife HENRY WILLIAM AIKMAN
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased FEB. (Month) 12 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	9	28	hr. min.

9. Birthplace AUDRAIN Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation AT Home
11. Industry or business

MOTHER FATHER
12. Name GEORGE W. HUGHES
13. Birthplace KY. (City, town, or county) (State or foreign country)
14. Maiden name MARY L. PITTS
15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Aikman
(b) Address Sweet Spgs. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem
18. (a) Signature of funeral director P C Carter
(b) Address Sweet Spgs. Mo.
19. (a) 12/12/45 (Date received local registrar) (b) Dolly Andrews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 1/2
year 1945 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 12/6/45, 19__, to 12/9, 1945; that I last saw her alive on 12/8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Pneumonia	
Bronchial & Heart	
Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 10 7
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas R Parrish (M. D. or other) MH
Address Sweet Springs Mo Date signed 12/10/45

1492 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-11-46

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 R C Coulter

Licensed Embalmer No. B 513

P. O. Address Fort Lupton Colo

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.