. No. 2
M—2-43
5-17-39
I X35697

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

14293

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15394

FILED MAY 30 1946

Registration District No. _____ Primary Registration District No. 6112B. Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Illmo.
(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
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mo.~~ Mo (b) County Scott 120

(c) City or town Illmo 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Jones Cullie Aken

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-16-5143

4. Sex Make

5. Color or race White

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

6. (b) Name of husband or wife Mattie Belle Aken

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May (Month) 10 (Day) 1884 (Year)

8. AGE: Years 81 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Lyke (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Retired R.R. Fireman

11. Industry or business _____

FATHER
12. Name George W. Aken
13. Birthplace — (City, town, or county) Pa (State or foreign country)

MOTHER
14. Maiden name Cordelia Cochran
15. Birthplace — (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs J Callen
(b) Address Illmo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lightner Illmo, Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo

19. (a) 4-30-1946 (Date received local registrar) (b) S. T. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 29 year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 31, 1945 to Apr. 29, 1946 that I last saw him alive on Apr. 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

47d

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 S. T. [illegible] (M. D. or other) M. D.

Address Illmo, Mo Date signed 4-30-46

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(Licensed Embalmer's Statement on Reverse Side)

JUL-15-1946

RECEIVED
District Health Office No. 2
District File Number 546-553
Date Filed 5-1-46

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 Minnie Bispinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.