

Registration District No. 127

Primary Registration District No. 3025

16
11
1

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: West Plains

(b) City or town: West Plains, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Tom Shas. Aiken

(b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: MO 5. Color or race: W 6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Walter Aiken 6. (c) Age of husband or wife if alive: 2 years

7. Birth date of deceased: May 13 - 1864
(Month) (Day) (Year)

8. AGE: 83 Years Months Days If less than one day
6 hr. min

9. Birthplace: St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Mechanic

11. Industry or business: Iron Aiken

12. Name: Tom Aiken

13. Birthplace: St. Louis, Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Aiken

15. Birthplace: St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Frank Aiken

(b) Address: W. Liberty, Mo.

17. (a) B (Burial, cremation, or removal) Date thereof: 5/12-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Wesley Park

18. (a) Signature of funeral director: Robertson

(b) Address: West Plains, Mo

19. (a) July 1 - 48 (Date received local registrar)

(b) Beatrice Cook (Registrar's signature) 3025

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Newell 46

(c) City or town: West Plains
(If outside city or town limits, write "RURAL")

(d) Street No.: 1
(If rural, give location)

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1948 hour 5 minute AM

21. I hereby certify that I attended the deceased from April 10, 1948, to April 29, 1948
that I last saw him alive on April 10
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction, chronic, complicated with severity and anemia

Due to: _____

Due to: _____

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

Major findings: 39

Of operations: _____

Of autopsy: _____

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? Yes Means of injury: fall

23. Signature: A. R. Harburgh, M.D. (M. D. or other) M.D.

Address: West Plains, Mo. Date signed: 5/11/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

A. R. Harburgh

RECEIVED 7-6-48
District Health Officer No. 5,
District File Number 748433
Date Filed 7-6-48

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 Robert A. Brago
working under my personal supervision. Registered Apprentice No. 432

Signed Anthony A. Roberts
Licensed Embalmer No. 3437
P. O. Address Westham, Ma

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.