WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 26 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36182

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. [illegible]

Township Raw — Primary Registration District No. — Registered No. [illegible]

City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Judith Carol[illegible] Hawkenberry

(a) Residence, No. 4726 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---None---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER

13. NAME Fred Hawkenberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosedale Kansas

MOTHER

15. MAIDEN NAME Kathryn Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT (ADDRESS) Mrs. Davis 4726 Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lees Summit DATE Nov. 20 1935

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Nov. 20, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Specify Coroner, to ..., 19...

I last saw h... alive on 11/30/35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia (No Contributory Cause)

Other contributory causes of importance:

No

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [illegible]