

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17157
Do not use this space.

1. PLACE OF DEATH
 (a) County *Jackson* Registration District No. *399*
 (b) Township *San* Primary Registration District No. *1002*
 (c) City *Kansas City* (d) Street No. *5031 Trost* Registered No. *1854*
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Mrs. Govilla Hawkins* *252.*
 (a) Residence, No. *3031 Trost* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Print the word*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Thomas H. Hawkins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 16 - 1898*

7. AGE YEARS *40* MONTHS *2* DAYS *17* If LESS than 1 day, hrs. of min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at Home*

9. Industry or business in which work was done, as 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) *Missouri*

FATHER 13. NAME *William Oberholtz*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER 15. MAIDEN NAME *Anna Orr*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Mrs. Fernita Holcomb 3031 Trost*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stockton Mo* DATE *5/4/38*

19. FUNERAL DIRECTOR (ADDRESS) *J. J. O'Donnell 226 E. Broadway*

20. FILED *May 30 1938* *M. M. Croshaw* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 3 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 14*, 19*37*, to *March 12*, 19*38*
 I last saw h. *alive on 3:01 PM 5/3 PM* Death is said to have occurred on the date stated above, at *3:01 PM* m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the splenic flexure of the colon Date of onset *Aug 1937*
46c

Other contributory causes of importance:
Intestinal Obstruction Dec 1937
Generalized Peritonitis Apr. 1938

Name of operation *ealostomy* Date of *Dec 1937*
 What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*

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? *Yes*
 If so, specify *Mr. M. J. Ruppold* M. D.
 (Address) *Univ. of Kans. Hosp. K.C.K.*
By Wm. F. Loebel M.D. Pathologist.

(Licensed Embalmer's Statement on Reverse Side)

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.

M-G-Rumold

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)