

REC'D JAN 13 1938

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

41814
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 1002 Registered No. 4880
 (c) City Jennas City (d) Street No. 2513 Linwood St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2513 Linwood 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bakersville, Ohio

FATHER 13. NAME Andrew Hawk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Lewina Sanders

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

17. INFORMANT (NAME) (ADDRESS) Mrs. Carrie Hawk
2513 Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Dec. 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O.K. Newcomer's Sons
Brushcreek + Passes

20. FILED Dec 14, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1938 to Dec 13th, 1938
 I last saw him alive on Dec 13th, 1938 Death is said to have occurred on the date stated above, at 2:20 A.
 The principal cause of death and related causes of importance were as follows:

Amphotrophic lateral sclerosis Date of onset 2 or 3 years
slow

Other contributory causes of importance:
Senility, Amyocarditis, (hr) + pneumonia, Bronchitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify D. G. M. Sullivan, M.D.
 (Signed) _____
 (Address) 4801 Independence

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.

1 X14228

JUN 27 1941

2105-Ind
11-7
B-3404
6383

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.....

Neil Carr

Licensed Embalmer No. *3976*

P. O. Address.....

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, above space should be left blank.