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

28604
Do not use this space.

REC'D SEP 12 1939

85

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
or
(c) City St Joseph
Registration District No. 1001
Primary Registration District No.
(d) Street No. Mercy Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No. 834
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 Harry W. Hawman
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city)
Stewartsville Mo. (If nonresident, give city or town and State)

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.

11 5 7

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND of (OR) WIFE of Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) DeKalb Co Mo

FATHER
13. NAME W. W. Hawman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ella M Healy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) O. W. Hawman 2704 Penn St St Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amity Mo DATE Aug 12 1939

19. FUNERAL DIRECTOR (NAME) A. F. Wagner
(ADDRESS) Stewartsville Mo

20. FILED Aug 10, 1939 A. J. Scattebrook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1939, to Aug 10, 1939
I last saw her alive on Aug 10, 1939. Death is said to have occurred on the date stated above, at 12 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Cerebral	8-10-39
Crushed Chest	8-9-39
9 Fracture Ribs. & Contusion of Chest.	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-9, 1939
Where did injury occur? DeKalb County Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Team Ran away Hagon wheel
Manner of injury Crushed Chest
Nature of injury Runaway of Team

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify farmer
(Signed) Dr Wm. O. Lentz M.D.
(Address) Mercy Hospital St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Lyons

Licensed Embalmer No. 252

P. O. Address Stewartsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.