

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

31795
Do not use this space.

1. PLACE OF DEATH

(a) County BARTON Registration District No. 40
 (b) Township _____ Primary Registration District No. 4024
 (c) City LAMAR (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAMUEL HOWARD HAWKS

(a) Residence, No. LAMAR, MISSOURI 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 MABLE, HAWKS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 4, 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 2 9
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Bridge
 9. Industry or business in which work was done, as saw mill, bank, etc. Foreman
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CUBA Co. KANSAS

FATHER 13. NAME ANDREW JACKSON HAWKS

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

MOTHER 15. MAIDEN NAME Nancy Jane Renner

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

17. INFORMANT Mrs. Mabel E. Hawks (ADDRESS) Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE 10-14 1939

19. FUNERAL DIRECTOR (NAME) Konantz's (ADDRESS) Lamar Mo.

20. FILED 10-14-1939 Mrs. Josephine Wymeth Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1939

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to Oct-12 1939
 Last saw him live on Oct-12 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.
 The principal cause of death and related causes of importance were as follows:

Partic aneurysm
96
 Other contributory causes of importance: may have been due to injury
N.M.D.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C. E. Duessett, M. D.
 (Address) Lamar, Mo.

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.

WHILE LIVING, WITH ONFADING INVA--THIS IS A PERMANENT RECORD

JAN 21 1955

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 *Sam E. Senceny*

Licensed Embalmer No. *4099*

P. O. Address *Lamar Mo.*

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.