

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36436

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Wesato - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
12th - Boyd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days) 20 yrs

3. (a) PRINT FULL NAME Thomas B. Hawkins

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex male 5. Color or race w. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Miller 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 26 - 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 23 If less than one day hr. min.

9. Birthplace St Louis Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business 1

12. Name George Hawkins
13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wells
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Paranaugh
(b) Address Desoto Mo Route - 3

17. (a) burial (b) Date thereof Oct - 17 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walle Mines Mo

18. (a) Signature of funeral director See Motherhead
(b) Address Wesato Mo

19. (a) 10-23-39 (b) Jessie Danwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Wesato Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 12th & Boyd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1939 hour 10 minute 20 P.

21. I hereby certify that I attended the deceased from Aug. 15, 1939, to Oct. 14, 1939;
that I last saw him alive on Oct. 14, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease Duration Unknown

Due to 1 1/2
Due to 1 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. Meffinsty (M. D. or other)
Address Mainly Boyd St., Mo Date signed 10/16/39

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.

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 *John Mathusheo*
.....
Licensed Embalmer No. 3531
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.