

Registration District No. 184 Primary Registration District No. 4110Registrar's No. 46

1. PLACE OF DEATH

- (a) County Christian
 (b) City or town Osark, Mo.
 (c) Name of hospital or institution
 (If outside city or town limits, write "RURAL" and name of township)
Residence - Osark, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether

In this community 51-5-22 (years, months or days)3. (a) PRINT
FULL NAMEJessie E. Hawkins3. (b) If veteran,
name war3. (c) Social Security
No. - -4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced ✓ ✓

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive ✓ ✓ years7. Birth date of deceased June 19 1888
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

51 5 22 hr. min.9. Birthplace Osark, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

at home

12. Name

Law Hawkins

13. Birthplace

Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Juba Carter

15. Birthplace

Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

J. J. Hawkins

(b) Address

Osark, Mo.

17. (a) Burial, cremation, or removal

(b) Date thereof 12/13/39
(Month) (Day) (Year)

(c) Place: burial or cremation

Osark Cemetery

18. (a) Signature of funeral director

P. G. Stephens

(b) Address

Osark, Mo.19. (a) Dec. 16 - 1939
(Date received local registrar)(b) Luella Leonard
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Christian
 (c) City or town Osark
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1939 hour 12 o'clock Noon21. I hereby certify that I attended the deceased from Nov. 29
_____, 1938, to Dec 11, 1939;
that I last saw her alive on Dec 11, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Cancer ofchest

Duration

Due to Malignancy

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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 J. H. Hads (M. D. or other) _____
Address Osark, Mo. Date signed 12-14-39

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.....

Forest Klepper, Registered Apprentice No. *143*
working under my personal supervision.

Signed *B. C. Klepper*
Licensed Embalmer No. *2178*
P. O. Address *Ozark, 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.