

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

4028
Do not use this space.

FILED FEB 13 1940

PLACE OF DEATH
(a) County Stone Registration District No. 842
(b) Township Lincoln Primary Registration District No. 6259
(c) or City _____ (d) Street No. _____ Registered No. _____
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Thomas Hawerton
(a) Residence, No. Elsey, Mo. St. (Usual place of abode. If no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Hawerton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1856
7. AGE YEARS 83 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Ark.

FATHER 13. NAME William Hawerton

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

MOTHER 15. MAIDEN NAME Eliza Elsey

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

17. INFORMANT (ADDRESS) Mrs. Willie Gamble Elsey - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem, Crane DATE Dec. 8 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Maples Clever - Mo.

20. FILED Dec 6 1939 Mrs Ethel Duggan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6 - 1939
22. I HEREBY CERTIFY, That I attended deceased from Mrs 1937 to Dec 6 1939
I last saw her alive on Dec 5 - 1939 Death is said to have occurred on the date stated above, at 10-35 P.M.
The principal cause of death and related causes of importance were as follows:

acute uremia
Date of onset 12/7
Other contributory causes of importance: Hypertensive Poststate

Name of operation Resection of Prostate Date of 9-10-1937
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury 7, 19____
Where did injury occur? 7 (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? Yes
If so, specify _____
(Signed) W. J. ... M. D.
Calmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 X16603

RECEIVED

District Health Officer No. 6,

District File Number 240-2104

Date Filed FEB 12 1940

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, by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. Maples

Licensed Embalmer No.....

2985

P. O. Address.....

Clever, 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.