

Registration District No. \_\_\_\_\_ Primary Registration District No. **1001**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** GILBERT W. HAWLEY **400**  
**3. (b) If veteran, name war** none **3. (c) Social Security No.** none

**4. Sex** male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Florence Hawley **6. (c) Age of husband or wife if alive** 50 years  
**7. Birth date of deceased** February 2 1884  
(Month) (Day) (Year)

**8. AGE:** Years 56 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Paducah Ky.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Minister

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER** { **12. Name** Thomas Hawley /  
**13. Birthplace** Paducah Ky. /  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Jennie S. Sargent  
**15. Birthplace** Paducah Ky. /  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Florence Hawley  
**(b) Address** Oregon, Missouri

**17. (a) Burial** Burial **(b) Date thereof** 3-19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** IOOF Cemetery

**18. (a) Signature of funeral director** FLEEMAN & SON, INC.  
**(b) Address** St. Joseph, Missouri

**19. (a)** March 16, 1940 H. J. Vestlebuch  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Holtman  
 (c) City or town Oregon  
(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 March day 17  
 year 1940 hour 10 minute 30 A. M.  
**21. I hereby certify that I attended the deceased from** MAR-10-40  
1940, to MAR-17- 1940,  
 that I last saw him alive on MAR-17-40, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertension heart  
Failure  
 Due to Hypertension of 12"  
 Due to Pulmonary Edema  
 Other conditions Pulmonary Edema  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: NO  
 Of operations: NO  
 Of autopsy: NO  
 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) NO  
 (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?  
NO  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** T. L. Bowden NO (M. D. or other) \_\_\_\_\_  
**Address** 620 Truman **Date signed** 3/18/40

**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 C. H. Swan

Licensed Embalmer No. H. O. 82

P. O. Address St. Joseph.

**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.**