

No. 2  
11-10-39  
5-17-39  
I X21432

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19660

Registration District No. 796

Primary Registration District No. 3038

State File No. \_\_\_\_\_

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 245 East Porter 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 87 years  
years, months or days)

3. (a) PRINT FULL NAME Franklin H. Hawley

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 450

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

7. (b) Name of husband or wife Charles M. Hawley 8. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 12 1853  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Joseph Child

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

14. Maiden name Susan Brown

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

16. (a) Informant Susan E. Brownfield

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof May 24 1960  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edg. Park Cem.

18. (a) Signature of funeral director Campbell-Reno

(b) Address Marshall Mo.

19. (a) 5-24-40 (b) Def.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 245 East Porter  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1960 hour 2-15 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 15 May 1960 to 24 May 1960  
that I last saw him alive on May 24 1960  
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Cancer 1090

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 712 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed 5/24/60

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7  
5  
9

RECEIVED  
District Health Officer No. 8,  
District File Number 9-11-70  
Date Filed

**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.....

*Jan. N. Reiss*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Jan. N. Reiss*  
Licensed Embalmer No. *1171*  
P. O. Address *Marshall, W. Va.*

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.