

**FILED JUL 17 1940**

Registration District No. **524**

Primary Registration District No. **4333**

Registrar's No. **13**

66  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Miller  
(b) City or town Juscumbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 9  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME Joyce Marie Hawken 25

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 12 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name William Wayne Hawken

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

14. Maiden name Ruby Marie Flaughter

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

16. (a) Informant Wayne Hawken  
(b) Address Juscumbia, Mo.

17. (a) Burial (b) Date thereof June 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Juscumbia

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) 6/12/40 (b) L. M. Garner  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Miller  
(c) City or town Juscumbia  
(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 June day 12<sup>th</sup>  
year 1940 hour between hours 9 and 5:30 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 11<sup>th</sup>  
1940 to June 12<sup>th</sup> 1940

that I last saw him alive on June 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis  
Think due to Suffocation

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

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

Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. E. Humphreys (M. D. or other) 3

Address Juscumbia, Mo. Date signed 6-12-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Miller County Health Dep't.

County File Number 40-70

Date Filed 6/13/40

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**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.....

Licensed Embalmer No.....

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.**