

S. No. 2
-4-13-40
5-17-39
WI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI SEP 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28004

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 908

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
Street Car Barnes St. Joseph Ave. & Highland
(d) Length of stay: In hospital or institution 3
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 402 North 11th
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME Harry Van Buren Hawkins 252
3. (b) If veteran, name war
3. (c) Social Security No. 708-10-2042

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 17
year 1940 hour 4 minute 00 A.M.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nan
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: October 10, 1887

21. I hereby certify that I attended the deceased from Aug 17th 1940
that I last saw the deceased alive on Aug 17th 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 10 Days 7 If less than one day

Immediate cause of death: Mitral Insufficiency
Due to
Due to
Other conditions None
Major findings: Of operations
Of autopsy

9. Birthplace St. Joseph Missouri

10. Usual occupation Switchman

11. Industry or business Great Western

12. Name Joseph Hawkins

13. Birthplace Missouri

14. Maiden name Elizabeth Whiteley

15. Birthplace Kent Missouri

16. (a) Informant Mrs. Nan Hawkins

(b) Address 402 North 11, St. Joseph, Mo.

17. (a) burial (b) Date thereof 8-19-40

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of Funeral Director Walter Meierhoffen

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Aug. 19, 1940 (b) Registrar's signature

PHYSICIAN
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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature R. W. Tuellogg Coroner
Address King Hill Bldg. Date signed 8/19/40

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

1157

MAR 25 1947

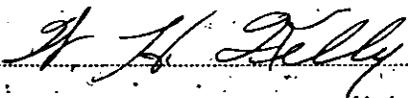
STATEMENT BY LICENSED EMBALMER

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. Mo. 3946

P. O. Address St. Joseph, Missouri

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, fact should be so stated above.