No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31405

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 957

FILED OCT 11 1940

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2729 Sacramento Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Sacramento Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Edwards Hawman,
3. (b) If veteran, name war None,
3. (c) Social Security No. 491-09-4116
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Bertha May Hawman
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 28, 1878,
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	3	hr. min.

9. Birthplace DeKalb County Missouri, 0
(City, town, or county) (State or foreign country)
10. Usual occupation Superintendent
11. Industry or business Sun Mfg. Co.
FATHER
12. Name Washington W. Hawman, 1
13. Birthplace Unknown, Canada,
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella Healy,
15. Birthplace Boston, Massachusetts
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. George E. Hawman
(b) Address 2729 Sacramento Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/40
(Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Healon-Bergale "Bowman Funeral
(b) Address 319 So. 10th Street Home
19. (a) Sept 3 1940 (Date received local registrar) (b) H J Mittlebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1940 hour 12:00 minute 30 p.M.
21. I hereby certify that I attended the deceased from Aug -26, 1940, to Sept -1- 1940
that I last saw him alive on Sept -1- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arsenal Hemorrhage — Duration Instant
Due to Hypertension
Hypertension Heart Disease
Due to Arteriosclerosis
Coronary sclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy none

95B

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? —
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85 —
(Specify type of place)
While at work? (e) Means of injury —
23. Signature T. P. Howden (M. D. or other) M.D.
Address 620 Francis St. Date signed 9-2-40

(Licensed Embalmer's Statement on Reverse Side)

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

25 29 Kansas

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 ✓

Sept 1, 1940, Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.