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(23119)

Filed **OCT 12 1940**
District No. _____

Primary Registration District No. **5192**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural, Hurricane township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1/4 mile south of Hale, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community about 22 years
years, months or days)

3. (a) PRINT FULL NAME MELVIN GARDNER HAWKINS

3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced <u>single</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>December 16 1909</u> (Month) (Day) (Year)		

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Johnson County Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Chas. Hawkins

13. Birthplace Linnigton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Redwill

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

16. (a) Informant Chas. Hawkins

(b) Address Hale, Missouri

17. (a) Rural (b) Date thereof Sept. 23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson cemetery

18. (a) Signature of funeral director Wm. C. S. S. S.

(b) Address Hale Mo

19. (a) Oct 1-1940 (b) Mrs. Roy Barner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1/4 mile south of Hale, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day Sept 21
year 1940 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 20, 1940, to Sept 21, 1940,
that I last saw him alive on Sept 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis

Due to _____

Due to _____

Other conditions Tuberculosis of Kidneys
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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?
No
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. Kessner (M. D. or other) _____
Address Hale Mo Date signed 9-25-40

RECEIVED
District Health Officer No. 8,
District File Number
Date filled 10-8-40

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 *Frank E. Slater*

Licensed Embalmer No. *937*

P. O. Address *Hale St*

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

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