

NOV 15 1940

Registration District No. 18.3

Primary Registration District No. 5254

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Christian
(b) City or town rural portion
(c) Name of hospital or institution: none Nixa, Mo. P.R. 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Rural
(d) Street No. Nixa, Route #1
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Herbert Hawkins.

8. (b) If veteran, name war none 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Lola Hawkins 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 3, 1879

8. AGE: Years 60 Months 10 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Leave Springs, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name George E. Hawkins.

13. Birthplace unknown Stone Co. Mo.

14. Maiden name Lucy Wasson Stone Co. Mo.

15. Birthplace unknown Stone Co. Mo.

16. (a) Informant RC. HARDING

(b) Address Nixa, Mo.

17. (a) burial (b) Date thereof Oct 29 40

(c) Place: burial or cremation Glenn Cemetery

18. (a) Signature of funeral director J.W. Maples

(b) Address Cleaver, Mo.

19. (a) Nov 2, 1940 (b) Eda B. Hawkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1940 hour 2: minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration _____

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(e) Means of injury _____

23. Signature R.F. Kern (M. D. or other) _____

Address Springfield Mo Date signed Oct 27 1940

RECEIVED

District Health Officer No. 6;

District File Number 1140-2818

Date Filed NOV 7 1940

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed J. W. Mopler
Licensed Embalmer No. 2985
P. O. Address Cleaver MO

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.