

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH3698
Do not use this space.

1. PLACE OF DEATH

(a) County Pemscot Registration District No. 653
 (b) Township..... Primary Registration District No. 4390 Registered No. 14
 (c) City Hayti (d) Street No. 1 St. 78
 (e) Length of residence in city or town where death occurred 10 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Candy Hawkins Jr.
 (a) Residence, No. City St. (If nonresident, give city or town and State)
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 2 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. School
 10. Date deceased last worked at this occupation (month and year) 5-1941 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raptor Group Ark

13. NAME Candy Hawkins Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton, Ark

15. MAIDEN NAME Hattie Warfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Miss

17. INFORMANT (ADDRESS) Candy Hawkins Jr., Hayti, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti, Mo DATE 2-2-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Hill Hayti, Mo

20. FILED 2/2/41 19 Dear Kelley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan., 22, 1941, to only, 1941.

I last saw him alive on Jan., 22, 1941. Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

Influenza? Broncho-pneumonia

Date of onset

Other contributory causes of importance:

NONE

Name of operation..... Date of.....

What test confirmed diagnosis? NONE Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. A. Reeder M. D.

(Address) Portageville, Mo.

2-41-18

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..... *Lawell*

Licensed Embalmer No. *2627*

P. O. Address *Lillooie, Ont*

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.