

10-39-  
7-39  
K21492

Registration District No. **796**

Primary Registration District No. **3038**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 81 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 501 East Eastwood  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Inaac Martin Hawes

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1941 hour 8:00 minute \_\_\_\_\_ P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lela M. Hawes

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 20 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 22, 1941 to March 27 1941.  
That I last saw him alive on March 27 1941.  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Cor Myocarditis & decompensation

Due to \_\_\_\_\_

Due to 93%

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

Duration
<u>7</u>
<u>7</u>
<u>7</u>

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Mechanic

11. Industry or business V

MOTHER FATHER { 12. Name Inaac Martin Hawes

18. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lela M

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

16. (a) Informant Joe M. Dawes

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Mar 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redeem Prof. Care

18. (a) Signature of funeral director Campbell

(b) Marshall Mo

19. (a) 4-7-41 (b) Myself  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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? 112

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Joe M. Dawes (M. D. or other) 11

Address Marshall Mo Date signed 3/27/41

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-11-41

**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 *R. W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, Va.*

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, above space should be left blank.