No. 2
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17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24610

Registration District No. 87 Primary Registration District No. 522 Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: Route # 1, DeKalb (Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 25 years (Specify whether years, months or days)
In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: DeKalb, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William N. Hawley

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Etta

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July (Month) 30 (Day) 1874 (Year)

8. AGE: Years 66 Months 11 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: Buchanan County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: Albert R. Hawley
13. Birthplace: Buchanan County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Kirschener
15. Birthplace: Clay County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Etta Hawley (Wife)
(b) Address: Route # 1, DeKalb, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cemetery

18. (a) Signature of funeral director: John E. Cupp
(b) Address: 6054 Pryor Ave., St. Joseph Mo.

19. (a) 7/26/41 (Date received local registrar) (b) A. D. Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July - day 23rd - year 1941 - hour 6.30 minute ✓ M.

21. I hereby certify that I attended the deceased from 1929 - ....., 19..., to 7/23 - ....., 1941 that I last saw him alive on June - ....., 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary - Occlusion -

Due to: Arteriosclerosis

Due to: ✓

Other conditions (Include pregnancy within 3 months of death): ✓

Major findings: Of operations: ✓

Of autopsy: ✓

Duration

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? (Specify type of place): ✓
While at work? ✓ (e) Means of injury: ✓

23. Signature: B B Simmons (M. D. or other) D
Address: St. Joseph Mo. Date signed: 7/23/41

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed John E Ruppe

Licensed Embalmer No. 3986

P. O. Address 6054 Pryor Ave., St. Joseph, Missouri

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, fact should be so stated above.