

No. 2
1-4-41
17-39
X26390

FILED OCT 13 1941

Registration District No. 3947

Primary Registration District No. 1002

Registrar's No. 3563

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3200 Norledge 1
(If not in hospital or institution, write street number or location)

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

In this community Aug. 1, 1941 to Sept. 23, 1941
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3200 Norledge 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles A HAWK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 15, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Pack Post, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired

12. Name Samuel M. Hawk

13. Birthplace Brown Co, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Louise Security

15. Birthplace Brown Co, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant P. H. Hawk

(b) Address Independence

17. (a) Burial (b) Date thereof Sept 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Channah R.C.Mo

18. (a) Signature of funeral director Leats & Spitzer

(b) Address Independence Mo

19. (a) 9/24/41 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8-1-41
_____ 19____ to Sept 23 1941
and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 23 1941

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to Hypertensi 077

Other condition (Include pregnancy within 3 months of death) 02
1130

Major findings:
Of operations _____

Of autopsy 830

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. M. Crowl (M. D. or other) _____
Address 3200 Norledge Date signed 9-24-41

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

MOTHER FATHER

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 *me*

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

Signed *Roland R. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Indep. 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, fact should be so stated above.