

FILLED OCT 10 1941

Registration District No. 43941

Primary Registration District No. 302-3

Registrar's No. 109

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Madison
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Hawk

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M

5. Color or race Wk

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

6. (b) Name of husband or wife Leah Hawk

6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased

August 11 (Month) (Day) (Year)

8. AGE:

Years 79 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace

Marion Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

William Hawk

13. Birthplace

Ireland (City, town, or county) (State or foreign country)

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant

John H Hawk

(b) Address

1307 W. Cullin Warrensburg Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Sept 10 1941 (Month) (Day) (Year)

(c) Place: burial or cremation

High Point Cem. Johnson Co. Mo.

18. (a) Signature of funeral director

J. H. Wilcox

(b) Address

Warrensburg Mo.

19. (a) Sept 9-1941

(Date received local registrar)

(b) Spola M. Williams

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 8 year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 15 1941 to Sept 8 1941 that I last saw him alive on Sept 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage (apoplexy)

Duration

1 hr

Due to _____

Due to _____

Other conditions

(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:

(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

P. Lee Cooper

(M. D. or other)

Address

Warrensburg, Mo.

Date signed

9-9-41

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

MOTHER FATHER

114

