

FILED DEC 11 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 140

1. PLACE OF DEATH:  
(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WATER STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 YEARS  
years, months or days)

3. (a) PRINT FULL NAME BESSIE ANN HAWKINS  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NATHAN HAWKINS  
6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased OCTOBER 19 - 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 0 17 hr. min.

9. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business \_\_\_\_\_

12. Name WILLIAM COLEMAN

13. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name DELIA TAYLOR

15. Birthplace COOPER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM COLEMAN

(b) Address OVERTON, MISSOURI

17. (a) BURIAL (b) Date thereof 11/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GOOCH'S MILL, MO.

18. (a) Signature of funeral director STEGNER & KOENIG  
(b) Address BOONVILLE, MO.

19. (a) 11-8-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County COOPER  
(c) City or town BOONVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. HIGH STREET  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 5th  
year 1941 hour 2 minute a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on Never Seen Alive \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Alcoholism

Due to \_\_\_\_\_  
Excessive Drinking

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Board of Health Laboratory Test, Jefferson City, Mo. 11/6

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Nov. 4 or 5th?

(c) Where did injury occur? Boonville Cooper Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
771 Water St. Home

While at work? No (Specify type of place)  
(e) Means of injury Colonel

23. Signature H. J. Meisler (M.D. or other)  
Address Boonville Mo Date signed 11-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-9-41

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3780

P. O. Address

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, fact should be so stated above.