. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

6677

State File No.

Registrar's No. 105

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

9
2
6

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1630 N. Clay, Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield Missouri 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1630 North Clay Ave. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Flora Hawkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Hawkins

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

7. Birth date of deceased May (Month) 30 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	6	hr. min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James R. King
13. Birthplace Devonshire (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Emma Thorne
15. Birthplace Devonshire (City, town, or county) England (State or foreign country)

16. (a) Informant W. M. Hawkins
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 8 (Day) 1942 (Year)
(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Gene A. Brion
(b) Address Walnut Grove Missouri

19. (a) Feb-7-1942 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th
year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 2-6-42, 19 , to 2-6, 1942
that I last saw her alive on 2-6, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Arteria ~~sclerosis~~ unknown Sclerosis

Due to

Other conditions Inanition - few months
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

97

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 W. T. Walsh (M. D. ~~or other~~)
Address Springfield Mo Date signed 2/7/42

484 (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 Bernard Wright, Registered Apprentice No. 799 working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. X