V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13358

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1633

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: K.C.General Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4618 Virginia 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country -------

3. (a) PRINT FULL NAME Dorothy 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 Single

6. (b) Name of husband or wife ------

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

7. Birth date of deceased June (Month) 30 (Day) 1882 (Year)

8. AGE: Years 59 Months 9 ~~10~~ Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Nevada (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Practical Nurse

11. Industry or business -------

FATHER
12. Name Benjamin Hawkins
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Bettie
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant D.W. Newcomer's Sons
(b) Address 1401 Brush Creek

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Aubry Cemetery Stilwell, Kansas

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Apr. 26, 1942 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-11-42, 19..., to 4-24-42, 19..., that I last saw her alive on 4-24-42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death SENILE DEMENTIA; CIRCULATORY FAILURE, CAUSE UNKNOWN

Due to

Due to 16 20

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 0

23. Signature Dwery R. Thom (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K C 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.