

S. No. 2
M-1-4-41
v. 5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13753
State File No. _____
Registrar's No. 58

Registration District No. 73

Primary Registration District No. 3006-5776

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1405 Pratt St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 Pratt St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Curran Hawkins
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr, day 23
year 1942 hour 3 AM minute _____ M.
21. I hereby certify that I attended the deceased from Apr,
15 1942 to Apr, 23 1942
that I last saw her alive on Apr, 22 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife J. D. Hawkins
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 24 1871
(Month) (Day) (Year)

Immediate cause of death Heart hasen Duration
from Hip. U. heart from NKA

8. AGE: Years 60 Months 70 Days 8 29 If less than one day
hr. min.

Due to Heart
Due to _____
Other conditions Smile 1/17 a
(Include pregnancy within 3 months of death)

9. Birthplace Bath County / Ky
(City, town, or county) (State or foreign country)

Major findings: None
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation At Home

11. Industry or business Jonathon Jones

MOTHER { 12. Name _____
13. Birthplace / Ky
(City, town, or county) (State or foreign country)

14. Maiden name Kathrine Maxey
15. Birthplace / Ky
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. Hawkins (husband)
(b) Address Columbia, Mo.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None (Specify type of place)

17. (a) Burial (b) Date thereof Apr. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Parker's
(b) Address Columbia, Mo.

While at work? _____ (e) Means of injury no 1
23. Signature W. D. Wycat (M. D. or other) MD
Address Columbia, Mo. Date signed 4-23-42

19. (a) 4-25-42 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No. 4132

P. O. Address Columbia

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.