

U. S. No. 2  
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13980

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED APR 28 1942

Registration District No. 167

Primary Registration District No. 5226

Registrar's No. 671

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Garden City (Denton)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 Cass  
(c) City or town Garden City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.?  0 years.

3. (a) PRENT FULL NAME Martin Hawth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widower  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 31 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 2 hr. min.

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

10. Usual occupation Farmer

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

12. Name Bottled Hawth  
13. Birthplace Gen.  
(City, town, or county) (State or foreign country)

14. Maiden name A. Retinsky  
15. Birthplace Gen.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. P. Fogler  
(b) Address Garden City, Mo

17. (a) Burial (b) Date thereof Apr 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) 760-1942 (b) Margaret Hall  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3rd year 1942 hour \_\_\_\_\_ 7 A.M.  
21. I hereby certify that I attended the deceased from Apr 1 1942 to Apr 3 1942 that I last saw him alive on Apr 2nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration 2 yrs

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

Major findings: Cancer of stomach end intestines  
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 Frank B Ellis (M. D. or other) \_\_\_\_\_  
Address Garden City Mo Date signed Apr 3 1942

1071 (Licensed Embalmer's Statement on Reverse Side)

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

9  
3  
0

**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.....  
*J. M. Kaufman*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J. M. Kaufman*  
Licensed Embalmer No. *1030*

P. O. Address *London City*

**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, above space should be left blank.**