

FILED JUL 17 1943
333

Registration District No. _____
Primary Registration District No. 5719

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Middle Fork Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME John F. Hawry

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 24 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Pittman Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Hawry

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Coakley

15. Birthplace Bowling Green MO
(City, town, or county) (State or foreign country)

16. (a) Informant John Hawry

(b) Address R.R. Macon

17. (a) burial (b) Date thereof May 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Salem Cem

18. (a) Signature of funeral director Robert Spitzer

(b) Address Macon Twp

19. (a) July 2 1943 (b) John B. Junker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Middle Fork Twp
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from April 30 to May 25 1942

that I last saw him alive on May 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 10 yrs +

Due to Generalized Arterio-sclerosis 10 yrs +

Due to _____

Other conditions Bronchial asthma 20 yrs +
(Include pregnancy within 3 months of death)

Major findings: Of operations 938

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 J. F. Turner (M. D. co-signer)

Address Macon, Mo. Date signed 6-27-42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1454

Date Filed JUL 16 1942

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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.