No. 2
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25407

State File No.

Registration District No. 796

Primary Registration District No. 6039

Registrar's No. 120

97
0
0

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

JUL 30 1942

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Rural
(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 ..... (b) County 97

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLAIREL HAWKINS

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 MARRIED

6. (b) Name of husband or wife LOLA

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased MARCH (Month) 16 (Day) 1901 (Year)

8. AGE: Years 41 Months 4 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation LOCOMOTIVE FIREMAN

11. Industry or business Mo. Pac. Ry RD

FATHER
12. Name HARTWELL HAWKINS
13. Birthplace ..... (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name MYRTLE GRAY
15. Birthplace ..... (City, town, or county) IOWA (State or foreign country)

16. (a) Informant Lola Hawkins
(b) Address 619 W. McCarty

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

18. (a) Signature of funeral director Dan Short
(b) Address Marshall Mo

19. (a) 7-2-1942 (Date received local registrar) (b) Mrs T O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1942 hour 10 minute 40 P M.

21. I hereby certify that I attended the deceased from held in quest. July 23 1942 that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Rail Road rear end Collision

Due to on Mo. Pacific R.R.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 097

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? Mo. Pacific R.R. (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 C. L. Lawless Coroner Saline Co. (M.D. or other)

Address Marshall Date signed 7-23-42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7-28-43

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.....

P. O. Address.....

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.

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25407

Registration District No. 796 Primary Registration District No. 6039 Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Claire L. Hawkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 16 (Day) 1900 (Year)

8. AGE: Years 41 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Rail Road rear end collision on

Due to Mo. Pacific R. R.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195.4
Of autopsy 35

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) Accident
(b) Date of occurrence July 17, 1942
(c) Where did injury occur? Boiler Explosion On Mo. P. R. R.
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
On Mo. Pac. R. R. 1½ M. N. E. Marshall
(Specify type of place)
While at work? Yes (e) Means of injury Boiler Exp.

23. Signature C. L. Lawless Coroner Saline Co. (M. D. or other)
Address Marshall Mo. Date signed Jul 30-42

SUPPLEMENTARY

Requested Information