

FILED OCT 13 1942

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town Vandalia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1061 Booker P  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 mos 6 days years, months or days)

3. (a) PRINT FULL NAME PERRELL BLAND HAWKINS

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

4. Sex Male 5. Color or Race Black 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 May 10 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 6 hr. min.

9. Birthplace Andrain, Vandalia, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER  
12. Name Pearl Hawkins  
13. Birthplace Ralls Co. New London, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Frances Biggs  
15. Birthplace Ralls Co. New London, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Hawkins  
(b) Address Vandalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director Blendsmith  
(b) Address Vandalia, Mo.

19. (a) Sept 17 1942 (Date received local registrar) (b) Mattie Inguva (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain  
(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1061 Booker  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1942 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 16 1942 to Sept 16 1942  
that I last saw him alive on Sept 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberc pneumonia type unknown  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions menstruation childlike  
(Include pregnancy within 3 months of death)  
with lowered resistance

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 fall

23. Signature R. L. Marshall (M. D. or other) D. O.  
Address Vandalia Date signed Sept 17

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

4  
2  
1

RECEIVED

District Health Officer No. 10

District File Number 10-42-1916

Date Filed Oct. 12 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.....

*This body was Not Embalmed* Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry C. Smith*

Licensed Embalmer No.....

P. O. Address.....

*Sandwich, N.H.*

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.