

FILED OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3675

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 5521 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Days  
In this community 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5521 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edith B. Hawkins

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife Lee Hawkins 6. (c) Age of husband or wife if alive \*\*\* years  
7. Birth date of deceased April 24 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 5 9 hr. min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name James T. Quick  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Latisha Martin  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. S. M. Quick  
(b) Address 1233 Holmes

17. (a) Burial (b) Date thereof 10-6-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City

19. (a) 10-6-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3  
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 2  
1942 to Oct. 3, 1942  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Essential thrombosis of a day • Duration \_\_\_\_\_ days

Due to Undetermined

Due to 94a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none  
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 D

23. Signature M. M. Browne M.D. (M. D. or other) \_\_\_\_\_  
Address 1503 Walnut Street Date signed \_\_\_\_\_

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

48  
83

Dr. W.D Stipe • Waldheim Bldg.

Vic. 7755

2-4.

**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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address H. L. Me

**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.**