

Registration District No. 149

Primary Registration District No. 7002

Registrar's No. 4536

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3602 Agnes  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 48 yrs years, months or days)

3. (a) PRINT FULL NAME: Ida Mae Hawkins

3. (b) If veteran, name war: none

3. (c) Social Security No. None

4. Sex Fe 5. Color or race White

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

6. (b) Name of husband or wife: Wm Lee Hawkins

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

7. Birth date of deceased 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name Abraham Grabil

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

14. Maiden name Jane Holoway

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

16. (a) Informant: Mrs. M. E. Carter

(b) Address: 3602 Agnes

17. (a) Removal & Burial (b) Date thereof Dec - 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Missouri

18. (a) Signature of funeral director: Mrs. C. R. Foster

(b) Address: 918 Broadway

19. (a) 12-7-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 3602 Agnes  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2 years  
6 1940 to Dec 6 1942,  
that I last saw her alive on Dec. 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis of

Due to Cardio-Renal Syndrome & Hyper-

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

Major findings: 12/20  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Specify type of injury)

23. Signature John H. Houseman D.O.  
(M. D. or other) Address 3850 E. 27th St. K.C. Mo. Date signed 12/6/42

Duration 30 min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 *me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *L. H. Wise*

Licensed Embalmer No. *2550*

P. O. Address: *12 P 2nd*

**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.**