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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1943

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany  
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

(c) City or town Kansas City, Mo  
(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 Earl Dewayne Hawk

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1943 hour 8 minute A M.

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

4. Sex Male 5. Color or race White

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 July 7 1942  
(Month) (Day) (Year)

Immediate cause of death Suffocation

Due to found dead in bed

Due to two older children sleeping with it had smothered it

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

8. AGE: Years Months Days If less than one day

6 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

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

MOTHER FATHER

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

12. Name Earl Hawk

13. Birthplace Harrison Co (City, town, or county) Mo (State or foreign country)

14. Maiden name Anna Dunkerson

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

16. (a) Informant Mrs Nina Hawk

(b) Address Bethany, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Davis City, Country, Ia.

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany, Mo

19. (a) Jan 30-43 (b) Zola M. Beveris  
(Type received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Jan 29 1943

(c) Where did injury occur? Bethany, Kansas, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury suffocation

23. Signature Joe E. Wheeler (u) or other Colonel

Address Bethany, Mo Date signed Jan 30 1943

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(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*Joe E. Wheeler*

Licensed Embalmer No. 3512

P. O. Address. *Bethany 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.**