

FILED FEB 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 6

49  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
220 N. Elm Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 220 N. Elm Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Alice Hawkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jasper Hawkins

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 25 1880  
(Month) (Day) (Year)

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

62 7 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name James Shannahan

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

14. Maiden name Alice Brown

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

16. (a) Informant Jasper Hawkins

(b) Address 220 N. Elm, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Jan. 15 '43 (b) Elizabetha Comp...  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13  
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 10  
1940, to Jan 13, 1943  
that I last saw him alive on Jan 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus

Due to H & P

Due to H & P

Other conditions (Include pregnancy within 3 months of death)

Major findings: Presence of Bacteria

Of operations

Of autopsy

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature T. E. K... (M. D. number)

Address Put... Date signed 1-14-43

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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.....

*Emm L. Kneef*

Licensed Embalmer No.....

*391*

P. O. Address.....

*Cerehaji 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.**