

2933

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

HLED JAN 18 1943  
REGISTRATION DISTRICT NO. 245

Primary Registration District No. 3047

Registrar's No. 136

## 1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:  
W. HILL STREET  
(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)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. W. HILL STREET  
(If rural, give location)

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

3. (a) PRINT FULL NAME GERTRUDE HAWKINS3. (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 MARRIED

6. (b) Name of husband or wife Earnest HAWKINS 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased OCTOBER 22 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>19</u>	..... hr. .... min.

9. Birthplace PONTIAC INDIANAL  
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business housewife12. Name SAMUEL TAYLOR13. Birthplace INDIANAL  
(City, town, or county) (State or foreign country)14. Maiden name SARAH MCKINNEY15. Birthplace Port Knowl  
(City, town, or county) (State or foreign country)16. (a) Informant Ralph Hawkins(b) Address Neosho17. (a) Burial (b) Date thereof Dec 13, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation 0087 Cemetery18. (a) Signature of funeral director [Signature](b) Address NEOSHO, MISSOURI19. (a) 12-24-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11  
year 1942 hour 3 minute 30 M.21. I hereby certify that I attended the deceased from Dec 9th  
1942 to Dec 11th 1942  
that I last saw her alive on Dec 10th 1942  
and that death occurred on the date and hour stated above.Immediate cause of death Uremia DurationDue to Chronic Interstitial Nephritis  
Chronic Bronchitis

Due to .....

Other conditions none 1310  
(Include pregnancy within 3 months of death)Major findings: none PHYSICIAN

Of operations .....

Of autopsy none

## 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) (c) Means of injury.....

23. Signature Melvin C. Bowman M. D. or other [Signature]  
Address Neosho, Mo Date signed Dec 23-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1110

Date Received JAN 11 1943

File no. 1242-11

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.....

*Ogle Stone Jr.*

Licensed Embalmer No. ....

*4176*

P. O. Address: .....

*Neosho 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.