

No. 5-42
5-17-39
X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5795

FILED FEB 19 1943

Registration District No. 2006-5120 Primary Registration District No. 2006-5120 Registrar's No. 33

1. PLACE OF DEATH:

(a) County C Boone

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

(c) Name of hospital or institution: 708 Lyons St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 708 Lyons St
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ELIZABETH HAWKINS

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Geo H Hawkins

6. (c) Age of husband or wife if alive 155 years

7. Birth date of deceased Nov 8 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business "Smith White"

12. Name Smith White

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

14. Maiden name Rebecca Grant

15. Birthplace O.F. Hawkins
(City, town, or county) (State or foreign country)

16. (a) Informant O.F. Hawkins

(b) Address Columbia

17. (a) Burial (b) Date thereof Feb 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memoria Park

18. (a) Signature of funeral director R. C. [unclear]

(b) Address Columbia MO

19. (a) 2-12-1943 (b) (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1943 hour 8 minute 11 A.M.

21. I hereby certify that I attended the deceased from 1941-42 19 No dates 19 9
that I last saw him alive on 1942 19 9
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonis
developed in the night
No one knows when
But has had Acute
peritonitis
Due to and complications
of the trouble yesterday

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(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? No (Specify type of place) (e) Means of injury 0

23. Signature W. D. [unclear] M.D. (M.D. or other)
Address Columbia MO Date signed 2-12-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1200

FEB 19 1948

JUL 9 1948

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.....

A. W. Wren

Licensed Embalmer No.

3183

P. O. Address.....

Columbus

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5-7-95

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(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 Life
years, months or days)

3. (a) PRINT FULL NAME Mary E. Hawkins

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov-8-1897
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-13-1943 (b) E. A. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Lyons St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 1943 year 1943 hr. _____ min. _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

