

ED. MAR 15 1943

Registration District No. 207.175

Primary Registration District No. 4280 3036

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Aurora Hospital 50  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hosp. 5 Days  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouru (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 West Locust St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Annie Laura Hawkins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife J. M. Hawkins 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Mar 3 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 2 hr. min.

9. Birthplace ? Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
12. Name George Lemmon  
13. Birthplace ? Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Thomas  
15. Birthplace ? Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Hawkins  
(b) Address Aurora Mo.  
17. (a) Burial (b) Date thereof 2/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. H. King  
(b) Address Aurora Mo.  
19. (a) Feb 4 1943 (b) Conce Green by 472  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 2  
year 1943 hour 10 minute 00P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h. or alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis  
Due to Hypertension  
Due to Cardio nephritic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318  
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) (e) Means of injury.....  
23. Signature R. S. Cowan (M. D. or other) unsub m  
Address..... Date signed 2/14/43

Physician R. S. Cowan  
Underline the cause to which death should be charged statistically.

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

55

RECEIVED

District Health Officer No. 67

District File Number 343-412

Date Filed MAR 12 1943

APR 11 1945

APR 9 1945

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 Herman Luridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.