

State File No. _____
Registrar's No. 52

FILED MAR 5 1943
Registration District No. _____

Primary Registration District No. 4360

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community About 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LEE R. HAWKINS

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1943 hour 11:00 minute 9 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 M 5. Color or race Black 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 Aug 28 - 1892
(Month) (Day) (Year)

Immediate cause of death No Medical Attendant by all record death
Due to was due to Symplocos (Chronic)
Due to _____

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

Major findings: Of operations _____

Of autopsy No

8. AGE: Years 50 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace unk. La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labour.

11. Industry or business _____

MOTHER FATHER { 12. Name HENERY HAWKINS

13. Birthplace unk. La. 1
(City, town, or county) (State or foreign country)

14. Maiden name unk. unk.

15. Birthplace unk. unk. 9
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

16. (a) Informant Tom Lee

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Richard's and Co

(b) Address New Madrid, Mo.

19. (a) 2-22-43 (b) Edith Fargent
(Date received local registrar) (Registrar's signature)

23. Signature Leo Higginth Deputy Coroner
(M., D. or other)

Address New Madrid, Mo. Date signed 2/8-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAR 8 1943

RECEIVED

District Health Office No. 2,

District File Number 343-281

Date Filed 3-3-43

OCT 18 1949

JUN 26 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 Leo Hedgcock.....

Licensed Embalmer No. 3803.....

P. O. Address New Madrid, 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.