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5-17-39  
PI X29484

7260

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 2 1943  
Registration District No. 2457

Primary Registration District No. 4411

Registrar's No. 6

2  
1  
0

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

1. PLACE OF DEATH:

(a) County: Pike

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community: \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pike 82

(c) City or town: Bowling Green 1  
(If outside city or town limits, write "RURAL")

(d) Street No.: Main 5618 W.  
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN J. HAWKINS

3. (b) If veteran, name war: x

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 10  
19 43 to Feb 19, 19 43  
that I last saw him alive on 2/19, 19 43  
and that death occurred on the date and hour stated above.

4. Sex: male

5. Color or race: w

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

6. (b) Name of husband or wife: Martha Jane Hawkins

6. (c) Age of husband or wife if alive: 2 years

7. Birth date of deceased: Nov 14 1938  
(Month) (Day) (Year)

Immediate cause of death: Nausea 10 days

Due to: Chronic Dist Nephritis yes

Due to: Chronic Prostatitis yes

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

84 3 5 hr. min.

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

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

Major findings: 12/a

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation: Gardening

11. Industry or business: \_\_\_\_\_

12. Name: Robert Hawkins

13. Birthplace: Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Virginia Russell

15. Birthplace: Whitehall Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Lillie Hawkins

(b) Address: Bowling Green Mo

17. (a) Burial: Bowling Green Mo  
(Burial, cremation, or removal)

(b) Date thereof: 2 21 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Bowling Green Mo

18. (a) Signature of funeral director: Gene Baulhead

(b) Address: Bowling Green Mo

19. (a) Feb 27/43 (Date received local registrar)

(b) Miss Frank Gosh (Registrar's signature)

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? car

23. Signature: J. M. ... (M. D. or other)

Address: Bowling Green Mo Date signed: \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 3-43-41

Date Filed May 5 1943

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

*B. R. Pugh*

Licensed Embalmer No.

*3044*

P. O. Address

*Bowling Green*

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.