V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10691

State File No.

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. 26th St.
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. S. 26th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LETHA P. HAWKINS
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fe
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Hawkins
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April (Month) 17 (Day) 1890 (Year)

8. AGE: Years 52 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Dover (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Harvey Plattenburg
FATHER 13. Birthplace Dover, (City, town, or county) Mo 0 (State or foreign country)
MOTHER 14. Maiden name Sarah Stanford
MOTHER 15. Birthplace Dover (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Henry Hawkins
(b) Address Lexington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Dover, Mo
18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo
19. (a) Apr-5-43 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21 year 1943 hour 3 minute 55 P. M.
21. I hereby certify that I attended the deceased from June, 1942, to Mar 21st, 1943, that I last saw her alive on Mar 21st, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant disease disease of Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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)
(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 G. W. Goodendall (M. D. ~~or other~~)
Address Lexington Mo Date signed 4-2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Case File Number
Date Filed 4-7-43

Redundant

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Levinson 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.