

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 240

Primary Registration District No. 4358 5827

Registrar's No. 69 (69)

1. PLACE OF DEATH:

(a) County. New Madrid

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community. all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. New Madrid

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

(d) Street No. 1 1/2 Mile South Lilbourn, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Joy Ann Hawkins

3. (b) If veteran name war. NO.

3. (c) Social Security No. NO.

4. Sex. Female 5. Color or race. White

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

6. (b) Name of husband or wife. None

6. (c) Age of husband or wife if alive. None years

7. Birth date of deceased. December 27 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace. New Madrid County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Infant

11. Industry or business. Infant

12. Name. Ben Hawkins

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

14. Maiden name. Clara Adams

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

16. (a) Informant. Clara Hawkins

(b) Address. Lilbourn, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation. New Hope Cemetery

18. (a) Signature of funeral director. Raymond Horn

(b) Address. Malden, Mo.

19. (a) May 1-1943 (b) Mrs. J. E. Barrett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Apr day. 9
year. 1948 hour. 2 minute. 25 A.M.

21. I hereby certify that I attended the deceased from Apr 8, 1948, to Apr 9, 1948, that I last saw her alive on Apr 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho Pneumonia

Due to. _____

Due to. _____

Other conditions. 10^A
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations. _____

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. E. E. Jover (M. D. or other) _____

Address. Lilbourn, Mo. Date signed 4-9-43

Duration 4 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

22
00

RECEIVED

District Health Office No. 2,

District File Number 543-685

Date Filed 5-11-48

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 J. E. Selman.....

Licensed Embalmer No. 4086.....

P. O. Address Malden, 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.