

S. No. 2
11-10-39
5-17-39
K21492
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
ED MAY 20 1943

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 28

1. PLACE OF DEATH:

(a) County HOWARD

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

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

(d) Length of stay: In hospital or institution 9 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 45

(a) State MISSOURI (b) County HOWARD

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME WESLEY ROMEO HAWKINS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife KATHERINE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 11 1868
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>74</u> | <u>7</u> | <u>6</u> | hr. _____ min. _____ |

9. Birthplace CLASBOW MO.
(City, town, or county) (State or foreign country)

10. Usual occupation M.D. Doctor of medicine

11. Industry or business Drug store & physician

12. Name John Wm. Hawkins

18. Birthplace St. Louis county MO.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Galloway

15. Birthplace Howard county MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Wilkie Turner

(b) Address Lasgaw mo.

17. (a) burial (b) Date thereof APR 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CLASBOW MO.

18. (a) Signature of funeral director Audrey J. ...

(b) Address Lasgaw mo.

19. (a) 4-17-1943 (b) Tom McMillan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 17
year 1943 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 1941 to April 17 1943
that I last saw him alive on April 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation Duration 1 hr.

Due to chronic pulmonary fibrosis (hypert) 1 1/2 yrs.

Due to _____

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

Major findings: Of operations 9504 PHYSICIAN

Of autopsy none 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? NO (Specify type of place) _____ (e) Means of injury _____

23. Signature D. K. Coffman (M. D. or other) M. D.
Address Fayette, Mo. Date signed 4-18-43

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

5-15-43

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. Walker Audley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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, above space should be left blank.