S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22184

State File No.

FILED JUN 17 1943

Registration District No. [illegible]

Primary Registration District No. 3054

Registrar's No.

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

2
2
1

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Mineral Springs Sanitarium O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana (If outside city or town limits, write "RURAL") 2

(d) Street No. 1123 Texas (If rural, give location) 1

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

If yes, name country ✓ O

3. (a) PRINT FULL NAME Hattie Bell Hawkins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Black

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

6. (b) Name of husband or wife George Hawkins

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (?) 1885 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days (?) 1 If less than one day hr. min.

9. Birthplace Auxvasse (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Nsmfe

11. Industry or business Home

FATHER
12. Name Mose Buckner
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Martha Boyd
15. Birthplace (City, town, or county) Mo O (State or foreign country)

16. (a) Informant George Hawkins

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director F C Haley Jr

(b) Address Louisiana Mo

19. (a) 5/10/43 (Date received local registrar) (b) F C Haley Jr (Registrar's signature)

1169 Dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 11 minutes 30 P M.

21. I hereby certify that I attended the deceased from MAY 5, 1943, to MAY 9, 1943 that I last saw her alive on MAY 9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G L Bi Gr (M.D. or other) D O

Address Mineral Springs Hospital Date signed May 10, 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1107
Date Filed JUN 14 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.....

Licensed Embalmer No.....

P. O. Address.....

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.