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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 12 1943

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Howard, Fayette, Mo.

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

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

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Dennison Hawkins,

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Hawkins,

7. Birth date of deceased January 18th 1874
(Month) (Day) (Year)

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

69 8 14 _____ hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Charles Hawkins,

13. Birthplace New York City, N.Y. (City, town, or county) (State or foreign country)

14. Maiden name Unknown,

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

16. (a) Informant Orville Hawkins, (b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4th-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley, (b) Address Fayette, Mo.

19. (a) 10-6-1943 (Date received local registrar) (b) Edward W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 22 1943 to Oct. 2 1943 that I last saw him alive on Oct 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (acute) Duration 2 weeks

Due to Cardio-vascular renal disease 5-6 yrs.

Remote Hypertension 2 weeks
pulmonary aneurysm

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

Major findings: Of operations _____ Of autopsy _____

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 E. L. Coffman (M.D. or other) M.D. Address Fayette, Mo. Date signed 10-5-43

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 11-10-63

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.....

Larry J. Kelley
.....
Licensed Embalmer No. 2966

P. O. Address Fayetteville, 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.