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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED OCT 22 1943

Registration District No. 147

Primary Registration District No. 5569

Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural *Brown Springs, Mo.*

(c) Name of hospital or institution:
52nd & Raytown Road-R.R. # 3, Kansas City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 52nd & Raytown Road-R.R. # 3, K.C. (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Francis Paul Hawkins

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Margaret J. Hawkins 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 2 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Dairyman

11. Industry or business 52nd & Raytown Road

12. Name Stephen Roberts Hawkins

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

14. Maiden name Christine Lorimer

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

16. (a) Informant Mrs. Margaret Hawkins

(b) Address 52nd & Raytown Road

17. (a) Burial (b) Date thereof Sept. 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept 19 43 (b) Mr. A. E. Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th
year 1943 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov. 18 1943
to Sept 17 1943
that I last saw him alive on Sept 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 1 day

Due to 930

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)
arterio-sclerosis

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 Hubert Valentine (M. D. or other)
Address 1103 Grand Date signed 9/18/43

1123 Professional Bldg
11-12, 1213d

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..... *H. C. Newcomer Jr*
Licensed Embalmer No..... *4043*
P. O. Address..... *K. O. 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.