

ED. NOV 12 1943

Registration District No. 56

Primary Registration District No. 2001

Registrar's No. 580

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 lifetime _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME David Thomas Hawkins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or Race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 13 1929
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>2</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Infant

MOTHER FATHER

12. Name Al Hawkins

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

14. Maiden name Margaret Roberts

15. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Al Hawkins

(b) Address 2605 Jackson

17. (a) Removal Removal (b) Date thereof 10 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawkins Cem Coffeyville Mo

18. (a) Signature of funeral director Horvath - Dillon

(b) Address 12th & Walnut

19. (a) 10-17-43 (b) John D. Dedholder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2605 Jackson
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1943 hour 9:45 am a M.

21. I hereby certify that I attended the deceased from Oct 14, 9:AM
1943, to Oct 16, 1943

that I last saw him alive on Oct 16 - 8:30AM, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia + Cardiac Failure

Due to Bronchial Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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: Mildred G. Fuganck (M.D. or other) J.D.

Address 411-12 Main Date signed Oct 16, 43

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

19
2
5

1204

43-10-912

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin 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.