

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43890

State File No. _____

FILED JAN 6 3 1944

Registration District No. _____

Primary Registration District No. 6075

Registrar's No. 377

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town Farmington Rural (St. Genevieve Co.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution
In this community Forty One years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ida May Hawn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F, Color or race W

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

6. (b) Name of husband or wife R.E. Hawn

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 1 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home maker

11. Industry or business

12. Name Robert J. Clay
13. Birthplace Lead Wood, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Breakenridge
15. Birthplace Cape Co., Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lura Gordon
(b) Address St. Genevieve, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 44
(Month) (Day) (Year)
(c) Place: burial or cremation Burial, Chestnut Ridge

18. (a) Signature of funeral director C. J. Cozart
(b) Address Farmington, Mo

19. (a) Dec 31-1943 (Date received local registrar) (b) Byrdie Burkmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve
(c) City or town Farmington R.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 43 hour _____ minute 9 P M.

21. I hereby certify that I attended the deceased from Dec 21, 1943 to Dec 26, 1943
that I last saw her alive on Dec 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus
myocardial infarction
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____
Of autopsy _____

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)
Means of injury _____
23. Signature J. P. Shilling (M. P. or other)
Address Farmington Date signed Dec 31, 43

1196 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 4
District File Number 144-3735
Date Filed 11-5-44

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.....

..... me, Registered Apprentice No.
working under my personal supervision.

Signed..... Chapman

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.