

FILED FEB 4 1944

Registration District No. 299

Primary Registration District No. 6026

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Rural: Black River Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
two miles South of Black  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. two miles South of Black  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sarah Isabell Hawkins  
(b) If veteran, name war no (c) Social Security No. none

20. DATE OF DEATH: Month January Day 27  
year 1944 hour 7 minute 15 A. M.

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Robert Hawkins 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased January 30 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1943, to Jan 27, 1944;  
that I last saw her alive on Jan 23, 1944  
and that death occurred on the 27 day and hour stated above.

Immediate cause of death myocardial infarction & Hypertension  
Duration \_\_\_\_\_

8. AGE: Years 77 Months 11 Days 27 If less than one day  
hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 92R

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Milton Minor  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Nancy Baker  
15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lulu Pinkley  
(b) Address Lesterville Mo.

17. (a) burial (b) Date thereof 1-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons  
(b) Address Ironton Mo.

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) 1/28/44 (b) Mrs. Dorey Hollington  
(Date received local registrar) (Registrar's signature)

23. Signature E. W. Fitch (M. D. or other)  
Address Lesterville Mo. Date signed 1/29/44

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

90  
0  
0

1194

RECEIVED

District Health Officer No. 5,

District File Number 2-KV79

Date Filed 2-3-44

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.....

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

Signed *Paul J. White*

Licensed Embalmer No. 8012

P. O. Address *Clinton, N.C.*

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.