

V. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 34039

Registrar's No. 154

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

1. PLACE OF DEATH: Vernon  
 (a) County Vernon  
 (b) City or town Rural Washburn Prop.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp. No 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days 2  
 (Specify whether Permanent)  
 In this community Permanent  
 years, months or days

3. (a) PRINT FULL NAME William Sterling Hawk  
 3. (b) If veteran, name war Unknown 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 Unknown 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased March 16-1864  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 29 If less than one day  
 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name William Hawk

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

14. Maiden name Unknown

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

16. (a) Informant Hospital Records

(b) Address Nevada mo.

17. (a) Burial (b) Date thereof Sept 18 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Cuba General Home

(b) Address Cassville, Mo.

19. (a) 9-19-44 (b) Boyet B. Beurch  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry Mo  
 (c) City or town Cassville 1  
 (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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
 year 1944 hour 1:10 minute A M.  
 21. I hereby certify that I attended the deceased from 9-4-1944  
 to 9-16-1944  
 and that death occurred on the date and hour stated above.  
 that I last saw him alive on 9-15-1944  
 Immediate cause of death Senile Dementia  
 Duration

Due to  
 Due to  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations 1620  
 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) (d) Means of injury 0

23. Signature R.B. Lester M.D. (M. D. or other)  
 Address Nevada mo Date signed 9-16-44

RECEIVED  
Office No. 71  
9-44-11.9.2  
10-11-44  
Date Filed

**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 *Robert B. Smith*

Licensed Embalmer No. 1243

P. O. Address Cassville, 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.**