

FILED OCT 20 1944

Registration District No. 98

Primary Registration District No. 3006

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boone

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

(d) Street No. RFD 63 N  
(If rural, give location)

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

3. (a) PRINT FULL NAME J Emmett Hawkins

3. (b) If veteran, name war: no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6<sup>th</sup>  
year 1944 hour 4:30 minute AM

21. I hereby certify that I attended the deceased from 7-25-44 to Aug 29 1944  
that I last saw him alive on Aug 29-44 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Laura Hawkins 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: NOV 20 1874  
(Month) (Day) (Year)

Immediate cause of death Heart Block Duration Sudden

Due to Atherosclerosis

Due to 97

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired RFD Carrier

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name John W Hawkins

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

14. Maiden name Anna M Hudson

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

16. (a) Informant Lola Hawkins

(b) Address Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address Columbia Mo

19. (a) 9-8-1944 (Date received by Registrar) (b) Edna H. Barber (Registrar's signature)

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 J B Williams (M.D. or other) Address Columbia Mo Date signed 9-8-44

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

J. Williamson

JUN 8 1945

FEB 5 1945

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 10-18-44

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 [Signature].....

Licensed Embalmer No. 3183

P. O. Address Columbia 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.