

FILED JAN 11 1945

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Childrens Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 mos.  
In this community 21 mos.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 202 north Ballatin  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Dixie Charlene Hawkins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced (1)

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

7. Birth date of deceased March 11 1943  
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Liberty Clay County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Everett Balls Hawkins

13. Birthplace Bath County Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Carroll Helen Brown

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

16. (a) Informant Parents

(b) Address 900 N. Callahan Liberty MO

17. (a) Burial (b) Date thereof Dec 26 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty MO

18. (a) Signature of funeral director Pamenter Bros

(b) Address 12 C. Mid

19. (a) 12-26-44 (b) T. S. Brown (1/3)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
year 1944 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from 3 PM Dec 25  
19, 1944 to 11 45 AM Dec 26 44

that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration

Coroner  
Bischoff pneumonia Pulmet

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations History & Inspection

Of autopsy no

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 James H. Baker (M. D. or other) \_\_\_\_\_

Address 1424 Jefferson Bldg Date signed 12-26-44

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

**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..... *Francis Walter* .....

Licensed Embalmer No. *2744* .....

P. O. Address..... *J. C. Me* .....

**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.**