S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40148
5284

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 2 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6112 TRACY AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. JASPER JAMES HAWKINS
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of ~~husband or~~ wife MRS. MARY JANE HAWKINS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER 5 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 21 If less than one day hr. min.

9. Birthplace BOONE COUNTY MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED - 4 YEARS
11. Industry or business RESTAURANT OPERATOR
FATHER
12. Name JAMES L. HAWKINS
13. Birthplace BOONE COUNTY MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET J. GOSLIN
15. Birthplace BOONE COUNTY MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant MRS. MINNIE WHITE
(b) Address 6112 TRACY AVENUE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC. 28 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ PARK CEM CARTHAGE MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-27-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26TH year 1944 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12/24, 1944 to 12/26, 1944 that I last saw him alive on 12/26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia — Duration 3 days
Due to
Due to
Other conditions Diabetes
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bilateral consolidation of lungs - Hypertrophied heart

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. Hartman (M. D. or other) D.O.
Address 418 Maple apt 11 Date signed 12/26/44

(Licensed Embalmer's Statement on Reverse Side)

243 Herby Bldg.
2:-6

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 Elscar Worthy

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.