S. No. 2
M--2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

W. Smith 20341
State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 500

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1635 S. Florence
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cecil M. Hawkins
3. (b) If veteran, name war No
3. (c) Social Security No. 491-03-9409
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mabel Hawkins
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased June (Month) 8 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
51	0	14	hr. min.

9. Birthplace Rolla (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Pressman
11. Industry or business Springfield Newspapers, Inc.

FATHER
12. Name William L. Hawkins
13. Birthplace UNK (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Lidie Grayson
15. Birthplace Phelps County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Mabel Hawkins
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-25-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1945 hour 9 minute 35p. M.
21. I hereby certify that I attended the deceased from June 15, 1945, to June 22, 1945
that I last saw him alive on June 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrenous Appendicitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12:12

Major findings:
Of operations as above 6-18-45
Of autopsy

Duration

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 Hallis Smith (M. D. or other) MD
Address Springfield, Mo. Date signed 6-25-45

984

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1946

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 L Dorlin Gomo

Licensed Embalmer No. 3177

P. O. Address Springfield 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.