S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 1 1945

26447

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3466

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: 1610 East 24th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 East 24th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Hawkins

3. (b) If veteran, name war None

3. (c) Social Security No. 495-20-9613

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Floyd Hawkins

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

7. Birth date of deceased September 25, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	10	21	hr. min.

9. Birthplace Butler (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Sanford White
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Maria Hawkins
(b) Address 1610 East 24th Terrace

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 8-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1945 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from F-14, 1945, to F-16, 1945
that I last saw her alive on F-16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary	
Due to Tuberculosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 6'	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. A. F. Rapport (M. D. or other)
Address 207 Lincoln Bldg Date signed F-18-45

(Licensed Embalmer's Statement on Reverse Side)

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 J. J. Maslove

Licensed Embalmer No. 3994

P. O. Address 5503 Highland

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.