S. No. 2
M—8-43
5-17-39
P I X37823

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 13 1945

State File No. 27460

Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67 7 24
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 41

(c) City or town Gilman City Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DELLA MAY HAWKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 4 (Day) 1878 (Year)

8. AGE: Years 67 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Davies Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Pal
13. Birthplace Tiny Hart Ind (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Deleenia Mason
15. Birthplace Davies Co Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Eugene E Mehrin
(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cemetery

18. (a) Signature of funeral director W D Haines
(b) Address Gilman City Mo

19. (a) Aug 4-1945 (Date received local registrar) (b) Zola M. Burrows (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1945 hour 4 about minute 7:30 P.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 3

23. Signature Joe E Wheeler (M. D. Corner)

Address Bethany Mo Date signed July 30 1945

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(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 W D Haines. Registered Apprentice No. ....., working under my personal supervision.

Signed: W D Haines

Licensed Embalmer No. E 42

P. O. Address: Gilman City 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.