

S. No. 2
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v. 5-17-39
1 X35897

40738

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED JAN 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____
Registrar's No. 377

Registration District No. 47 Primary Registration District No. 3008

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

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 W. 5TH /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 205 W. 5TH ST.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM HAWKINS
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex MALE **5. Color or race** White **6. (a) Single, widowed, married, divorced** WIDOWED
6. (b) Name of husband or wife DECEASED **6. (c) Age of husband or wife if** 18 years
7. Birth date of deceased OCT 18 1968
(Month) (Day) (Year)

8. AGE:
Years 77 Months 1 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace WOODFORD CO. KY.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER

12. Name Geo. W. HAWKINS
13. Birthplace KY.
(City, town, or county) (State or foreign country)
14. Maiden name EMILIA SARGENT
15. Birthplace KY.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS HARRY ESTES
(b) Address 205 W. 5TH FULTON, MO

17. (a) BURIAL (b) Date thereof DEC. 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OLD AUXVASSE

18. (a) Signature of funeral director Wm. G. Morgan
(b) Address 722 Cent Fulton, Mo.

19. (a) 12-5-1945 (b) Joan Morant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3rd day December
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from July 13, 1945, to Dec. 3, 1945,
that I last saw him alive on Dec. 3, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
arteriosclerosis
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9/30
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. G. Morgan (M. D. or other) _____
Address Fulton MO **Date signed** 12/5/45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 1-12-46

JAN 16 1946

MAY 7 1949

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 Glen Y. Mauhin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.