. No. 2
I—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 APR 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10571

Registration District No. 376 Primary Registration District No. 6075 Registrar's No. 89

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

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

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANDREW J. HAWN ((ANDY HAWN))

3. (b) If veteran, name war World War I

3. (c) Social Security No. 498-14-8390

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1st

6. (b) Name of husband or wife Helen Coffer -2nd wife.

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July (Month) 16 (Day) 1887 (Year)

8. AGE: Years 58 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Contracting

11. Industry or business Plumbing, heating, electric.

MOTHER FATHER

12. Name Samuel Hawn

13. Birthplace Farmington (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Martha D. Ball

15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-46 (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) 3/15/46 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1946 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 5, 1946, 19__, to March 10, 1946, 19__; that I last saw him alive on March 10, 1946, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 hrs
Due to	
Due to Psychosis Type?	5 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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 James Hoch (M. D. or other)

Address Farmington Mo. Date signed 3/19/46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 446-1903

Date Filed 4-2-46

APR 5 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 C H Cozzan

Licensed Embalmer No. 4084

P. O. Address Farmington

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.