S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

Registration District No. 5285

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 37589

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 256 days (Specify whether
In this community 256 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Rose Hawkins

3. (b) If veteran, name war no

3. (c) Social Security No. 497-22-8842

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 21 (Day) 1921 (Year)

8. AGE: Years 25 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Office work

11. Industry or business Optical Co.

FATHER
12. Name Everett Franklin Hawkins
13. Birthplace Howell County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name unknown Horsman
15. Birthplace Fulton County (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov-6-1946 (Month) (Day) (Year)
(c) Place: burial or cremation West Plains, Mo

18. (a) Signature of funeral director H. D. Fossett
(b) Address Mt Vernon, Mo

19. (a) 11-6-46 (Date received local registrar) (b) C. A. Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1946 hour 1 minute 25 p M.

21. I hereby certify that I attended the deceased from February 25, 1946, to Nov. 6, 1946, that I last saw her alive on November 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	over 9 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

BB

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 C. E. Hellweg M. D. (M. D. or other)
Address Mo. State San., Mount Vernon, Mo. Date signed 11-6-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1146-1176
Date Filed NOV 29 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 By me, Registered Apprentice No. ....., working under my personal supervision.

Signed Max L. Tossett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.**