

S. No. 2
M-5-43
7. 5-17-39
I X36671

377814
State File No. _____

FILED DEC 11 1946

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 57

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

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town GROSS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 26 YRS (Specify whether _____)
years, months or days)

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

3. (a) PRINT FULL NAME GEORGE WILLARD 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 VIRGINIA HAWKINS 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MARCH 17, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER { 12. Name JOSHIA HAWKINS

13. Birthplace KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name N.K.

15. Birthplace N.K. 1
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR HAWKINS

(b) Address HOLLIDAY, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 1 1946
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Slakey

(b) Address PARIS, MO.

19. (a) 11-29-46 (Date received local registrar) (b) Edward Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29
year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from did not see
him alive to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute myocardial failure

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 H. J. Barnett (M. D. or _____)

Address PARIS, MO. Date signed 11-29-46

Duration
N.K.
PHYSICIAN
Underline the cause to which death should be charged statistically.

205

RECEIVED
District Health Officer No. 10
District File No. 12-46-2220
Date Filed DEC 10 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..... *E. L. Agnew*

Licensed Embalmer No. 4600

P. O. Address..... Paris, Missouri

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.