

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39420

State File No. \_\_\_\_\_

FILED NOV 26 1946  
Registration District No. 358

Primary Registration District No. 4524

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
At home 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 23 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Walker  
(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 Lewis Sanford Hawkins

3. (b) If veteran, name war No.

3. (c) Social Security No. 80375400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th  
year 1946 hour 11:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
11-7 1946, to 11-7 1946.

that I last saw him alive on 11-7 1946,  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ada Ellen Hawkins

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

7. Birth date of deceased Oct. 27 1892  
(Month) (Day) (Year)

Immediate cause of death Massive Cerebral Hemorrhage

Due to Hemorrhage

Due to (Site Undetermined)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

64 0 10 hr. min.

9. Birthplace Vernon County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Valentines Hawkins

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

14. Maiden name Mary Thompson

15. Birthplace Walker Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Hawkins (wife)

(b) Address Walker Mo.

17. (a) Burial (b) Date thereof Nov 9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winton Cemetery

18. (a) Signature of funeral director Allen V Hays

(b) Address W Nevada Mo.

19. (a) Nov. 20-1946 (b) Mr. Sarah E. Day  
(Date received local registrar) (Registrar's signature)

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 R. B. Patton, D. M. S. (M. D. or other) \_\_\_\_\_  
Address Nevada Mo. Date signed 11-10-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7.

District File No. 10-46-3007-

Date 11-25-46

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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 Allen E. Keys

Licensed Embalmer No. 8980

P. O. Address Nevada, 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.