

Registration District No. 174 Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: S. 7th St
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington
(d) Street No. South 7th St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Anela Hawkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race Colored 6. (a) Single, widowed, married, divorced, married
7. Birth date of deceased Feb 27 1868

8. AGE: Years 79 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Dover Mo

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Collier

13. Birthplace unknown

14. Maiden name Matilda Matthew

15. Birthplace Dover Mo

16. (a) Informant Mr Thomas Hawkins

(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 2-27-47

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Frankford Sore

(b) Address Lexington Mo
19. (a) 23 Med St (b) _____ (Registrar's signature) 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 47 to Feb 27, 1947

that I last saw her alive on Feb 25, 1947 and that death occurred on the date and hour stated above.
Immediate cause of death: Heart failure due to arteriosclerosis and poor circulation. Both legs dead. weakness heart stopped under the load.
Duration _____

Other conditions: _____
Major findings: Of operations: no operation
Of autopsy: none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. O. Cope (M. D. or other) _____
Address Lexington Mo Date signed 27-Feb-47

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

4
3
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-23-47

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 Gay A. Green

Licensed Embalmer No. 41220

P. O. Address Lexington 71

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.