

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18291

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... Ozark
(b) City or town... Rural- Bayou Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 1/2 yrs
(Specify whether years, months or days)
In this community...

3. (a) PRINT FULL NAME Thomas W. Hawkins

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

4. Sex... M O 5. Color or race... W 6. (a) Single, widowed, married, divorced... single

6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... 13 years

7. Birth date of deceased... October 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 2 hr. min.

9. Birthplace... Hawkins Ridge, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation... Farming

11. Industry or business...

12. Name... Wash Hawkins
13. Birthplace... Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name... Margaret Kelley
15. Birthplace... Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant... John L. H. Rogers
(b) Address... Caulfield mo

17. (a) B... (b) Date thereof... 6-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Marshall Cem.

18. (a) Signature of funeral director... Glinkingboard
(b) Address... Gainesville MO.

19. (a) 5-31-1947 (b) Carl Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Ozark
(c) City or town... Caulfield Rural
(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...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1947 hour 4 minute H M.

21. I hereby certify that I attended the deceased from... 1947 to... 1947

that I last saw him alive on March 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Artery
Disease

Due to...

Due to...

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

Major findings:
Of operations...

Of 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) (e) Means of injury...

23. Signature... (M. D. or other)

Address... Date signed...

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.....

W.B. Hutchison

Licensed Embalmer No.....

3431

P. O. Address.....

Hamersville, 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.