

FILED AUG 5 1947
Registration District No. **277**

Primary Registration District No. **3052**

Registrar's No. **237**

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: Bathwell Hosp. 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 hrs.
(If not in hospital or institution, write street number and location)

In this community -
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Pettis **80**

(c) City or town Sedalia **6**
(If outside city or town limits, write "RURAL")

(d) Street No. 1311 E. Jackson **4**
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME DANNY HAWKINS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
year 1947 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 7-2- 1947 to 7-3- 1947
that I last saw him alive on 7-3- 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

(a) Single, widowed, married, divorced, Infant

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

Immediate cause of death Pulmonary Edema

7. Birth date of deceased July 2, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days + If less than one day 4 hr. _____ min.

Due to Congenital Heart Disease

Due to _____

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

10. Usual occupation Infant

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

Major findings: Of operations 15

Of autopsy _____

11. Industry or business _____

12. Name Robt. L. Hawkins

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

14. Maiden name Annie Mae Weeks

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

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? _____

16. (a) Informant Mrs. Margariets Hawkins

(b) Address 311 E. Jackson Sedalia Mo

17. (a) Burial (b) Date thereof 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

While at work? _____ (Specify type of place)

(y) Means of injury _____

23. Signature J. M. Rodeman (M. D. or other) MD
Address Sedalia Mo Date signed 7-3-47

18. (a) Signature of funeral director M. Laughlin Bro

(b) Address 579 So Oak Sedalia Mo

19. (a) 7-3-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-4-47

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 _____

KPM Cray

Licensed Embalmer No. _____

3153

P. O. Address _____

Sedalia 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.