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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27238

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

FILED AUG 29 1947

Registration District No. 101

Primary Registration District No. 5399

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Keltner, Rural Buchanan  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Keltner 0  
(If outside city or town limits, write "RURAL") 8

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nellie Hawkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Guss Hawkins 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 3, 1975  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Douglas County, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name J. W. McKenney Va. /

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

14. Maiden name Evelyn Garrison Ky. /

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

16. (a) Informant V. Guss Hawkins

(b) Address Keltner, Missouri

17. (a) Burial (b) Date thereof 7-26-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hall

18. (c) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address ava, Missouri

19. (a) Aug 1-47 (b) Vesta Bushman  
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1947 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 23 July  
1947 to 24 July 1947;

that I last saw her alive on 23 July 1947;  
and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis  
Duration Unknown (1 wk.)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cancer of breast - operable  
(Include pregnancy within 3 months of death)

Major findings: 2 yrs ago - had hysterectomy  
Of operations \_\_\_\_\_

Of autopsy 50

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury C

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

Address Cynth, Mo Date signed 28 July 47

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

RECEIVED

Health Officer No. 6,

License Number 847-933

Issued AUG 28 1947

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. Stehman

Licensed Embalmer No. 3431

P. O. Address Ora 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.