S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33983

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 202 N.Gallatin St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 202 N.Gallatin St. 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME William Edward Hawker
3. (b) If veteran, name war No
3. (c) Social Security No. 500-22-0077
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Bell Frick Hawker
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept. (Month) 9 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	18	hr. min.

9. Birthplace Weathers Mills (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Thomas Welding Shop Liberty

FATHER
12. Name Carrie Lee Hawker
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lula May Razy
15. Birthplace Perry Pike Co. (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs.Cora Bell Hawker
(b) Address 202 N.Gallatin St. Liberty
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Kearney, Mo.
18. (a) Signature of funeral director O.J.Carder Jr.
(b) Address 119 E.Franklin St. Liberty, Mo.
19. (a) Oct 28 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1947 hour 6 minute 05 A.M.
21. I hereby certify that I attended the deceased from 10-20, 1947 to 10-27, 1947 that I last saw him alive on 10-27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis	Duration
Due to Auricular Fibrillation	
Due to Myocardial degeneration	
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)
While at work? (e) Means of injury
23. Signature C. M. Smith (M.D. or other) D.O.
Address Liberty, Mo. Date signed 10-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-14-47

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 O J Carder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.