

S. No. 2
-12-45
5-17-39
K47070

Registration District No. **3948**

Primary Registration District No. **6164**

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

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Beant

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME George E. Hawley

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male (5. Color or race White)

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 15 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 3 13 hr. min.

9. Birthplace Potterdam New York (City, town, or county) (State, foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Francis Hawley

13. Birthplace New York (City, town, or county) (State or foreign country)

14. Maiden name Esther Elbert

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

16. (a) Informant Mrs. Jess Gray

(b) Address Marionville, Mo

17. (a) Funeral (b) Date thereof 11-30-47 (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo

18. (a) Signature of funeral director George H. Mauldin

(b) Address One Two East Chestnut

19. (a) 11-30-47 (b) Cami Pearl Chestnut (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Beant 0

(If outside city or town limits, write "RURAL")

(d) Street No. Beant Township 0

(If rural, give location)

(e) Citizen of foreign country? (No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 28 year 1947 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 11 1947 to Nov 28 1947 that I last saw him alive on Nov 27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 17 days Duration

Due to Arteriosclerosis 57

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. R. Kerr (M. D. or _____)

Address Oran Mo. Date signed 11-28-47

