No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44713

Primary Registration District No. 4386

Registrar's No.

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

5

1. PLACE OF DEATH:

(a) County: Oregon

(b) City or town: Thayer (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 18 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Oregon 75

(c) City or town: Thayer / (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: George Madison Hawkins

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: Male C

5. Color or race: White

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

6. (b) Name of husband or wife: Martha Ann Hawkins

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: Sept. (Month) 28 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	7	..... hr. ..... min.

9. Birthplace: Dixon (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Laborer

11. Industry or business: Railroad

FATHER
12. Name: Dee Hawkins 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name: Sarah Jane Robbards
15. Birthplace: Koshkonong (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Lewis Hawkins

(b) Address: Kansas City, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/6/47 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Leland Carter

(b) Address: Thayer, Mo.

19. (a) 2-2-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 2/0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1947 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 5, 1947 that I last saw him alive on Dec 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Hypertension	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83 A
Of autopsy:

PHYSICIAN
Underline the cause of 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 0

23. Signature: C W Cooper (M. D. or other) M D

Address: Thayer Mo. Date signed 1-24-48

Cooper.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District Number 248103
Date Filed 2-16-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.