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1/47  
17-39

State File No. ....

FILED FEB 14 1948

Registration District No. 33

Primary Registration District No. 5200

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Rural Wakenda  
(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: All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Wakenda, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME Claud Evert Hawkins

3. (b) If veteran, name war No. No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Ruth Staton Hawkins 6. (c) Age of husband or wife if alive. 37 years  
7. Birth date of deceased. July 27 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 6 4 .. hr. .. min.

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

10. Usual occupation Farmer

11. Industry or business: .....

12. Name Lee Hawkins

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

14. Maiden name Katie Cannon

15. Birthplace Carroll County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Hawkins

(b) Address Wakenda, Missouri.

17. (a) Burial (b) Date thereof 1/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cannon Cemetery

18. (a) Signature of funeral director Marshall Fun. Ho.

(b) Address Carrollton, Missouri

19. (a) 1/6/48 (b) Dr. Herbert Campbell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1948 to Jan 4, 1948 that I last saw him... alive on Jan 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck of shock.  
Due to Fall on ice.  
Due to .....

Duration 15 min

Other conditions: .....

Major findings: 461  
Of operations: 10/11

Of autopsy: 12

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) Accident

(b) Date of occurrence Jan 8 1948

(c) Where did injury occur Wakenda, Carroll, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm  
(Specify type of place)

While at work? No (e) Means of injury Fall

23. Sign of P. Hamilton Staton or other Dr. H

Address Carrollton, Mo. Date signed Jan 6 48.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-13-49

FEB 18 1949

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 myself

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton, 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.