V. S. No. 2
DM—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1948

Registration District No. 312

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6056

State File No. 5931

Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Lowry City Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler
✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

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

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME Boyce Hawkins

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Theodosia

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 8 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	12	2½ hr. ✓ min.

9. Birthplace Lowry City (City, town, or county) Missouri (State or ~~foreign country~~) 0

10. Usual occupation Retired Farmer

11. Industry or business R

FATHER
12. Name James Madison Hawkins
13. Birthplace Unknown (City, town, or county) 9 (~~State or foreign country~~)

MOTHER
14. Maiden name Mary Ellis
15. Birthplace Dont Know (City, town, or county) 9 (~~State or foreign country~~)

16. (a) Informant Leo Hawkins
(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 22 (Day) 1948 (Year)
(c) Place: burial or ~~cremation~~ Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Missouri

19. (a) 2-25-1948 (Date received local registrar) (b) Ruth Seeers (Registrar's signature) 244

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1948 hour 2 30 minute A.M.

21. I hereby certify that I attended the deceased from 2 July 1947 to 20 Feb 1948
that I last saw him alive on 16 Feb 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to

Due to

Other conditions Benign Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94

Duration

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 0

23. Signature O. D. Monroe M.D. (M. D. or other)

Address Appleton City, Mo Date signed 23 Feb 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-149
Date Filed 2-27-48

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City Missouri

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.