. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10254

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 2979

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Wichita 14
(If outside city or town limits, write "RURAL")

(d) Street No. 203 SO. Belmont Ave. 2
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME EDWIN P. HAWKINS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Annie M.

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

7. Birth date of deceased Jan. (Month) 4 (Day) 1872 (Year)

8. AGE: Years 76 Months 2 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Oil Business

11. Industry or business For Self

FATHER
12. Name James M. Hawkins
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Julia Ann Martin
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant James M. Hawkins
(b) Address Box 230 Mattoon, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 27 1948 (Date received from registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 26
year 1948 hour 10 minute a M.

21. I hereby certify that I attended the deceased from March, 1940 to Mch 26, 1948
that I last saw him alive on March 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Renal insufficiency (post-operative)	2 days
Due to Art. Sclerosis & Art. Sclerotic Heart Dis.	yrs.
Due to Hypertension	
Other conditions (include pregnancy within 3 months of death) Hypertrophy of Prostate	
Major findings: Of operations Hypertrophy of Prostate.	
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

23. Signature Arthur E. Strauss, M.D. or other
Address 539 N. Grand Date signed 3/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1949

Humboldt Bldg.

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.