No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 12615
Registrar's No. 1508

8
3
7

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

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: TRINITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 DAYS (Specify whether years, months or days)
In this community: 5 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CASS 19
(c) City or town: BELTON 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES GLEN HAWTHORNE
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO

4. Sex: MALE 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: SINGLE 1
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: MAY (Month) 19 (Day) 1890 (Year)

8. AGE: Years 57 | Months 10 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: BELTON (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation: NONE
11. Industry or business: ✓

MOTHER FATHER
12. Name: ANDREW C. HAWTHORNE
13. Birthplace: (City, town, or county) N. CAROLINA (State or foreign country) 1
14. Maiden name: MARY JANE ROSS
15. Birthplace: (City, town, or county) N. CAROLINA (State or foreign country) 1

16. (a) Informant: E.E. HAWTHORNE
(b) Address: BELTON, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Apr. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: BELTON, MO.
18. (a) Signature of funeral director: E K Beemer Sons
(b) Address: BELTON, MO.
19. (a) 4-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: APRIL day: 4
year: 1948 hour: 5 minute: 45 A.M.

21. I hereby certify that I attended the deceased from MARCH 29, 1948, to APRIL 4, 1948, that I last saw him alive on APRIL 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage, retroperitoneal, dissecting type	10 days
Due to: ANEURYSM OF ABDOMINAL AORTA (n.s.)	1 YR.
Due to: Arteriosclerosis, generalized	5 YRS.
Other conditions (Include pregnancy within 3 months of death): 96	

Major findings:
Of operations: Retroperitoneal hemorrhage over right psoas muscle from remain of aorta.
Of autopsy: None made

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? —
While at work? (Specify type of place) (e) Means of injury: —

23. Signature: Herbert A. Tracy (M. D. or other) M.D.
Address: BELTON, MO. Date signed: 4/5/48

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

AUG 17 1948

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 U. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.