S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

16602

State File No.

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Residence, 3008 S. Crysler
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3008 S. Crysler
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. BERT ARTHUR HAWKINS

3. (b) If veteran, name war none

3. (c) Social Security No. 510-05-2181

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mattie M. Hawkins

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

7. Birth date of deceased Nov. 9, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	28	hr. min.

9. Birthplace Wyandotte County, Kansas.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Harry Hawkins
13. Birthplace unknown, England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Tucker
15. Birthplace unknown, England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Redman
(b) Address 4500 W. 69th Terr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 13 48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 5-12-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1948 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from 5/8, 1948, to 5/9, 1948,
that I last saw him alive on 5/8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach with metastases	6 mo ?
Due to	
Due to	
Other conditions: Pulmonary Tuberculosis active (Include pregnancy within 3 months of death)	?

Major findings:
Of operations —
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 Vance E. Link, M.D. (M. D. or other)
Address 129 W. Lexington, Independence, Mo. Date signed 5/10/48

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

MAY 2 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, Ore

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.