FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 20464

Registrar's No. 183

1. PLACE OF DEATH:
(a) County: RANDOLPH
(b) City or town: MOBERLY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WABASH EMPLOYES' HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 DAYS (Specify whether years, months or days)
In this community: C

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: RANDOLPH
(c) City or town: MOBERLY (If outside city or town limits, write "RURAL")
(d) Street No.: 731 SOUTH 6th ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CLAYTON HAWKER
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: MALE
5. Color or race: COLORED
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie A. Hawker
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: May (Month) 17 (Day) (Year)

8. AGE: Years: alt 67 Months: Days: If less than one day: hr. min.

9. Birthplace: MO (City, town, or county) (State or foreign country)
10. Usual occupation: Railroading
11. Industry or business:
MOTHER FATHER
12. Name: Chess Hawker
13. Birthplace: MO (City, town, or county) (State or foreign country)
14. Maiden name: Roda Cooper
15. Birthplace: MO (City, town, or county) (State or foreign country)
16. (a) Informant: Minnie Hawker
(b) Address: 731 S Sixth St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo
18. (a) Signature of funeral director: R. L. Carr
(b) Address: Moberly Mo
19. (a) June 28-48 (Date received local registrar) (b) Leah Williamson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17 year 1948 hour 1:30 minute A M

21. I hereby certify that I attended the deceased from JUNE 14, 1948, to JUNE 17, 1948, that I last saw him alive on JUNE 16, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HEAT STROKE	4 DAYS
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): HYPERTENSIVE & ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE	2 YEARS

Major findings:
Of operations: NONE
Of autopsy: NONE

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: JUNE 14, 1948
(c) Where did injury occur? MOBERLY (City or town) RANDOLPH (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? HOME (Specify type of place)
While at work? NO (Means of injury) EXCESSIVE HEAT

23. Signature: (M. D. or other) MD
Address: WABASH HOSPITAL MOBERLY, MO Date signed: JUNE 17, 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 19 1949

RECEIVED
District Health Officer No. 10
District File Number 7-48-1205
Date Filed JUL 7 - 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 Robert L Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.