

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21906

Registration District No. 391

Primary Registration District No. 6453

Registrar's No. 13

1. PLACE OF DEATH
(a) County Stoddard
(b) City or town Neural
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Neural
(d) Street No. Near Advance, Mo 3
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE MINERVA HAWKINS
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9 year 1948 hour 10:30 minute AM
21. I hereby certify that I attended the deceased from _____ 1938 to May 9, 1948

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife James William (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 6, 1871
(Month) (Day) (Year)

that I last saw her alive on May 6, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Senility
Duration 10 years

8. AGE: Years 76 Months 11 Days 3 If less than one day _____ hr. _____ min.

Due to Arthritis
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations 59 B
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Robert Gamble
13. Birthplace Alabama
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant R. E. Hawkins
(b) Address Cape Girardeau Mo

23. Signature C. C. Master (M. D. or other) no
Address Advance, Mo Date signed 6-1-48

17. (a) Funeral (b) Date thereof May 11, 1948
(c) Place: burial or cremation Morgan Memorial Park
(Month) (Day) (Year)

18. (a) Signature of funeral director W. S. Morgan
(b) Address Advance, Mo

19. (a) 6-20-48 (b) Beulah Moore
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2

District File Number 17-88-84

Date Filed 2-12-88

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.....

William A. Morgan, Registered Apprentice No. 208
working under my personal supervision.

Signed Glenn S. Morgan
Licensed Embalmer No. 3361
P. O. Address Advance, Va

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.