S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27115

Registration District No. 241 | Primary Registration District No. 5829 | Registrar's No. 23

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

200

1. PLACE OF DEATH:

(a) County: New Madrid

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

(c) Name of hospital or institution: Rural Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 78

(c) City or town: Portageville Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route 2 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country: ____

3. (a) PRINT FULL NAME: Ambrose Hawkins

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Ida Hawkins

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: April (Month) 13, (Day) 1873 (Year)

8. AGE: Years 75 | Months 3 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Portageville, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Retired Farmer

11. Industry or business: X

FATHER
12. Name: Nathaniel Hawkins
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Clarence Hawkins
(b) Address: Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo.

18. (a) Signature of funeral director: Smith Funeral Home
(b) Address: Caruthersville, Mo.

19. (a) 8-9-48 (Date received local registrar) (b) Ellen D. Lesley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1948 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 27, 1948, to Aug. 2, 1948, that I last saw him alive on Aug 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	30 min
Due to: Generalized arteriosclerosis & Hypertension	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hemiplegia of left side	7 yrs

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN — Underline the cause to 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: John J. Killion (M. D. or other)
Address: Portageville Mo Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-1040
Date Filed 8-18-48

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrthersville, 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.