FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28654

Registration District No. 360 | Primary Registration District No. 3076 | Registrar's No. 133

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 507 S. Cedar (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 15 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Walker (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Hawkins
3. (b) If veteran, name war No.
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Valentine Hawkins
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 27 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
89	11	12	hr. min.

9. Birthplace ✓ (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name ✓ Thompson
13. Birthplace ✓ (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Ukk.
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant Mrs. C. F. Anderson
(b) Address Nevada, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch
18. (a) Signature of funeral director Eisburger Funeral Home
(b) Address Nevada, Mo.
19. (a) 8-11-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1948 hour 8 minute P. M.

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

Immediate cause of death Cerebral Hemorrhage — Duration Aug 8 1948.
Due to Dont Know — She had
Due to no previous treatment.
Other conditions Advanced Age of 90 (Include pregnancy within 3 months of death)
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) ✓
(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 W. Love M.D. (M. D. or other)
Address Nevada, Mo Date signed Aug 10/48

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

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

RECEIVED
District Health Officer
District File Number 7-48
Date Filed 8-16-4

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 Richard L. Shorten

Licensed Embalmer No. 4532

P. O. Address Nevada, 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.