

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 814 E. Bolivar
(Specify whether
In this community St. Mexico MO
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 814 E Bolivar
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Hawkins

3. (b) If veteran, name war None
3. (c) Social Security No. Not Known

4. Sex Male
5. Color or race negro
6. (a) ~~Single~~, widowed, married, divorced Widowed
6. (b) Name of husband or wife Georgia Hawkins
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased NOV 5 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3
If less than one day hr. min.

9. Birthplace Luttre Island MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retirement

11. Industry or business None

12. Name John Hawkins
13. Birthplace Luttre Island MO
(City, town, or county) (State or foreign country)
14. Maiden name Janie Yancy
15. Birthplace Luttre Island MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Rose (Sister)

(b) Address 819 E. Breckenridge St

17. (a) Burial (b) Date thereof 10/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linwood cemetery Mexico Mo

18. (a) Signature of funeral director Jackson Parker Funeral

(b) Address Home 469 So. Walnut St. Mexico Mo

19. (a) 10/19/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 18 1948 to Oct. 8 1948
that I last saw him alive on Oct. 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis + myocardial degeneration Duration
Due to Chronic nephritis

Due to

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

Major findings:
Of operations 13/15
Of autopsy

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 A. Owen (M. D. or other) Do
Address Mexico Mo. Date signed 10-8-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District No. 10-48-1772
Date Recd. OCT 11 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

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, Md

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.