

Registration District No. 107

Primary Registration District No. 5422

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 24 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dunklin 35
 (c) City or town Kennett (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 3
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Jefferson Hawkins
 3. (b) If veteran, name war x
 3. (c) Social Security No. x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 21st
 year 1948 hour 7.00 minute 20 A.M.
 21. I hereby certify that I attended the deceased from
1-1 1946 to 9-21 1948
 that I last saw him alive on 9-15 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Hawkins
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Dec. 18th 1898
 (Month) (Day) (Year)

Immediate cause of death
Coronary
Stenosis
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Evergreen Alabama
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming
 11. Industry or business Farming

PHYSICIAN
 Underline the cause to which death should be charged statistically.
H. B.

MOTHER FATHER
 12. Name Willie Archie Hawkins
 13. Birthplace Unknown Mississippi
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna Peck Salters
 15. Birthplace Unknown Alabama
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Hawkins
 (b) Address Kennett Mo. Rt. 3
 17. (a) Burial (b) Date thereof 9-22-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge Cemetery
 18. (a) Signature of funeral director Lentz Service
 (b) Address Kennett Mo.
 19. (a) 9-22-48 (b) Carl Husband
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. B. Dunsmire M.D. (M. D. or other)
 Address Kennett Mo. Date signed 9-22-48

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

RECEIVED

District Health Office No. 2,

District File Number 948-1230

Date Filed 9-28-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ *not embalmed* embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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.