

Registration District No. 26

Primary Registration District No. 4080

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

**1. PLACE OF DEATH:**  
 (a) County Carroll Co.  
 (b) City or town Marionville  
(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 no.  
(Specify whether years, months or days)  
 In this community Lifetime

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Ray  
 (c) City or town "Rural" Stet. Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Irvin Ernest Hawkins  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 6th day December  
 year 1948 hour 7 minute P.M.

4. Sex MO 5. Color or race W 6. (p) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Goldie Bertrude Hawkins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 25 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coronal Calm to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 48 Months 6 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Embolism Duration \_\_\_\_\_  
 Due to Probably Infection of Fungus  
 Due to \_\_\_\_\_

9. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

Other conditions 940  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**11. Industry or business**  
 12. Name William Ashley Hawkins  
 13. Birthplace Carroll Co Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name ella June Bradley  
 15. Birthplace Carroll Co Mo  
(City, town or county) (State or foreign country)

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

16. (a) Informant Wm J. E. Hawkins  
 (b) Address Stet. Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Union Cem.

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) (e) Means of injury 3

18. (a) Signature of funeral director Michael Funeral Home  
 (b) Address Braymer Mo  
 19. (a) Dec 7 1948 (Date received local registrar)  
Eileen Hemington (Registrar's signature)

23. Signature Charles S. Pitt (M. D. or other) 60905  
 Address Carrollton, Mo. Date signed 12/7/48

**RECEIVED**

District Health Officer No. 8,

District File Number.....

Date Filed 12-15-48

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**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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.**