

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1349**
220

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **220**

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 3 wks. d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City d. STREET ADDRESS (If rural, give location) 70 So. 17th	
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3. NAME OF DECEASED (Type or Print) EMMA ELIZABETH HAWKINSON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 26, 1878	9. AGE (In years last birthday) 75 yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office clerk	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME & K. P.A. HOKANSON	13b. MOTHER'S MAIDEN NAME BRITTA LISA JOHNSON	14. NAME OF HUSBAND OR WIFE never married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Swanson 70 So. 17th K6K
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurysm of abdominal aorta		INTERVAL BETWEEN ONSET AND DEATH Unknown 2001
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1953, to January 15, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 4:55 Am., from the causes and on the date stated above.

23a. SIGNATURE J. E. Castles (Degree or title) M. D.	23b. ADDRESS 1002 Argyle Building Kansas City, Missouri	23c. DATE SIGNED Jan. 15, 1954
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 1/18/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Ks.
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DATE REC'D BY LOCAL REG. 1-15-54	REGISTRAR'S SIGNATURE Beraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Porter & Sons K. C. Kansas
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(Licensed Embalmer's Statement on Reverse Side)

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

19th & Minnes

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas H Rider

Licensed Embalmer No. 3404

P. O. Address 19th & Minnesota

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.