DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6134

State File No.

Registration District No. 74

Primary Registration District No. 5295

Registrar's No. 31-9

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Plattsburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
Concord Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton 25
(c) City or town Plattsburg Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martin Jasper Hawkins
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive 93 years
7. Birth date of deceased Aug (Month) 22 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
89	5	17	hr. min.

9. Birthplace Rowan Co Ky
(City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Operated Country Store
MOTHER / FATHER
12. Name William Hawkins /
13. Birthplace Ky /
(City, town, or county) (State or foreign country)
14. Maiden name Rachael Casity /
15. Birthplace Ky /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs George P Hall
(b) Address Plattsburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill Cem
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) Feb 12-1943 (Date received local registrar) (b) Mrs A C Harvell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1943 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 27, 19 43 to Feb 8, 19 43
that I last saw him alive on Feb 4 - 43, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	3 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostatitis, Bronchitis Cystitis	

Major findings:
Of operations None
Of autopsy None

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 G W Shadwick (M. D. or coroner)
Address Plattsburg Mo Date Feb 10-43

1095 (Licensed Embalmer's Statement on Reverse Side)

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

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 Leonard Fay

Licensed Embalmer No. 1677

P. O. Address Kearney Neb.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.