

FILED AUG 20 1946

Primary Registration District No. 4173

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Kearney  
(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 Three months  
years, months or days)

3. (a) PRINT FULL NAME KATHERINE HAWKINS

3. (b) If veteran, name war. No. no  
3. (c) Social Security No. no

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Martin Jasper 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 1 1849  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
97 1 5 hr. min.

9. Birthplace Clay Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Gen House work

12. Name Thomas Fry  
13. Birthplace K7  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth McCheslock  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.E. Matthews

(b) Address Kearney Mo

17. (a) Burial (b) Date thereof Aug 8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill in Clinton

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

19. (a) Aug 8. 1946 (b) Minnie Hargrave  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton  
(c) City or town Plattsburg Rural  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th  
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 15 1945 to Aug 5 1946  
that I last saw him CR alive on Aug 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 30 min

Due to Generalized Arteriosclerosis 20 yrs.

Due to Auricular Fibrillation 3 months

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

Major findings:  
Of operations

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature N.R. Schuhmacher (M. D. or other) M.D.  
Address Liberty Mo Date signed 8-8-46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-17-46

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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

Leonard J. ny

Licensed Embalmer No. 1677

P. O. Address. Kearney 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.