

No. 3-000
-10-47
5-17-39
P1 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36267

FILED DEC 7 1948
Registration District No. 227

Primary Registration District No. 3023

Registrar's No. 36287

1. PLACE OF DEATH:

(a) County Henry
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CLINTON GENERAL Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo
(Specify whether
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry H2
(c) City or town Paxa 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi. NorthEast OF CLINTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1948 hour 8: minute 00 P. M.

21. I hereby certify that I attended the deceased from
9-4, 1948, to 12-2, 1948
that I last saw her alive on 12-2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 3 days
Due to Chronic bronchitis 2 yrs.
+ bronchiectasis

Other conditions P
(Include pregnancy within 3 months of death)
Major findings: 106
Of operations _____
Of autopsy _____

PHYSICIAN
Underline
the cause to
which death
should be
charged stati-
stically.

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)
Means of injury 0
23. Signature James O Smith (M. D. or other) M. D.
Address Clinton, Mo. Date signed 12-3-48

3. (a) PRINT FULL NAME FANNY Fay, HAWKINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-10-1274

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John F. Hawkins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 11 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Montpelier, Ohio Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name George Haven 9
13. Birthplace unknown (State or foreign country)
14. Maiden name Ida Bell Russell
15. Birthplace Ohio (State or foreign country)

16. (a) Informant Mrs. Roy Burman
(b) Address RR#6 CLINTON Mo

17. (a) Burial (b) Date thereof 12 4 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENGIE Wood

18. (a) Signature of funeral director SICKMAN & DUNNING
(b) Address 218 1/2 Third CLINTON Mo

19. (a) 12-4-48 (b) R. R. Kenney, Jr
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-48-1414

Date Filed 12-6-48

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.....

Robert L. Dunning....., Registered Apprentice No. 3682
working under my personal supervision.

Signed J. R. Stacey.....

Licensed Embalmer No. 3682

P. O. Address Calhoun.....

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.