

REC'D MAY 17 1938

Smith  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

14286

Do not use this space.

1. PLACE OF DEATH
- (a) County Carsell Registration District No. 135
- (b) Township \_\_\_\_\_ Primary Registration District No. 3010 Registered No. 50
- (c) City Carsell (d) Street No. North Logan St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Levin Miley Hawkins 252
- (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Francis Hawkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-1-1853</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Stamton Va</u> <u>1</u>	
FATHER	13. NAME	<u>Burr Hawkins</u> <u>4</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>England</u> <u>6</u>
MOTHER	15. MAIDEN NAME	<u>Julia Miley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
17. INFORMANT (ADDRESS)	<u>Mrs Emma Hawkins</u> <u>Carsell Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Antise Cem</u>	DATE <u>4-25</u> 19 <u>38</u>
19. FUNERAL DIRECTOR (ADDRESS)	<u>Wells Funeral Home</u> <u>Carsell Va</u>	
20. FILED <u>4-25</u> 19 <u>38</u>	<u>Levin Miley Hawkins</u> Local Registrar. <u>136</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937, to Apr 23 1938
- I last saw him alive on Apr 23 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.
- The principal cause of death and related causes of importance were as follows:

Uremia

137

Date of onset

Other contributory causes of importance:

Prostate Enlargements

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:
- Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_
- Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)
- Specify whether injury occurred in industry, in home, or in public place.
- Manner of injury \_\_\_\_\_
- Nature of injury \_\_\_\_\_
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_
- If so, specify \_\_\_\_\_
- (Signed) J. M. Smith M. D.
- (Address) Carsell Mo.

STATEMENT BY LICENSED EMBALMER

I, J. E. Mills, Licensed Embalmer No. 1783

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. E. Mills  
Licensed Embalmer No. 1783

**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.)**