

DEC 13 1938

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

38628
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph, (d) Street No. 6th St. Bet. Edmond and Charles Registered No. 1136
(If death occurred in Hospital or Institution, write its name instead of street and number) 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

550 Frederick Elexis Hawman,
(a) Residence, No. Stewartsville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) DeKalb Co., Mo.

FATHER 13. NAME Henry S. Hawman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Canada

MOTHER 15. MAIDEN NAME Margaret Mixon,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Canada

17. INFORMANT (ADDRESS) Alpha Hawman,
Stewartsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeville Cem. DATE Nov. 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) Fleeman & Son Inc.
1946 Colhoun St. Joseph, Mo.

20. FILED 11-15, 1938 A. H. Neff
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1938, to Nov 14th, 1938. I last saw him live on Nov 14th, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? History Was there an autopsy? no

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? no
If so, specify _____
(Signed) B. W. Tadlock - Coroner, M. D.
(Address) King Hill Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

John E. Rupp

I, Licensed Embalmer No. 3986

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

..... L. E.

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

Signed

John E. Rupp

Licensed Embalmer No. 3986

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:)