

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9963
Registrar's No. 1397

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas city,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3307 Wabash,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community Unknown,
years, months or days)

8. (a) PRINT FULL NAME Burrell Hawkins, 257
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married.

6. (b) Name of husband or wife Dena Hawkins, 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August 12 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 16 hr. min.

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

10. Usual occupation Salesman,

11. Industry or business X

12. Name John Hawkins, 9

13. Birthplace Unknown, (City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Wimberly,

15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Neil Hawkins,

(b) Address 2811 East 73rd St., K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-40
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Illinois.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Mch 29, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3307 Wabash,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28,
year 1940 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from Aug. 10, 1937 to Mar. 28, 1940
that I last saw him alive on Mar. 28, 1940, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Muscular Atrophy 2 1/2 yrs.

Due to 8/12

Due to 2 mos

Other conditions Chronic Parenchymatous Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations --

Of autopsy --

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) (e) Means of injury 2

23. Signature E. J. Schandler (M. D. or other) D. O.
Address 421 Shukert Bldg. Date signed 3/29-40

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

Dr. Ed Schindler

*Shunkert Blvd.
VI 3 259*

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.