S. No. 2
1—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31483

Registration District No. 85 FILED OCT 11 1940 Primary Registration District No. 1001 Registrar's No. 1046

1. PLACE OF DEATH:
(a) County DUCHANAN.
(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 607½ No. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 20 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN
(c) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL")
(d) Street No. 607½ NO. 9TH.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH-ALICE-HAWMAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NO.
4. Sex Fem.
5. Color or race Wht.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eugene Hawman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22 (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace (Town) (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Do Not Know Robbins
13. Birthplace Do Not Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Keller
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)
16. (a) Informant Lulu A. Hawman
(b) Address 607½ N. 9th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-'40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Ray Adams
(b) Address
19. (a) 9/30/40 (Date received by local registrar) (b) W. J. Mastelhuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour 4:15 minute a. M.
21. I hereby certify that I attended the deceased from 6-22- 1940, to 9-28 1940;
that I last saw h-er alive on 9-25 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	4-6 yrs?
Due to Chronic Myocarditis	10 yrs
Due to Arteriosclerosis	
Other conditions Edema (Legs) (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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

23. Signature Clark Tompson M.D. (M. D. or other) M.D.
Address 731 Faraon ST. JOSEPH Date signed 9-28-40

(Licensed Embalmer's Statement on Reverse Side)

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

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..... John H. Hunley....., Registered Apprentice No.....,
working under my personal supervision.

Signed John H. Hunley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.