No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14193

ED MAY 7 1941

Registration District No. 138

Primary Registration District No. 5202

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Carroll,

(b) City or town "Rural"-Fairfield, Town-ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: "Rural" /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All His Life, (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Carroll, 17

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. Fairfield Town-ship, 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME William Ashley Hawkins,

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Ella Jane Hawkins,

6. (c) Age of husband or wife if alive Deceased, years

7. Birth date of deceased July, -6th., -1872,
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	25	✓ hr. ✓ min.

9. Birthplace Carroll County, Mo., 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Laborer,

11. Industry or business Farming,

FATHER
12. Name Richard J. Hawkins,
13. Birthplace Indiana, /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Keith,
15. Birthplace Grundy County, Mo., 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ines Hawkins
(b) Address Braymer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-2-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery,

18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.

19. (a) 4-1-1941 (Date received local registrar) (b) B. C. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1941 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1934, to March 30, 1941; that I last saw him alive on March 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	—
Due to Arteriosclerosis	10 yrs
Due to Hypertension	unknown
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 133
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature John R. Crank (M. D. or other) DO
Address Braymer, Mo Date signed 3-2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-3-41

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 E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.