

**FILED** AUG 14 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3021

Registrar's No. 361

1. PLACE OF DEATH:  
 (a) County Sturdy County  
 (b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Cullum Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two days  
(Specify whether \_\_\_\_\_)  
 In this community 1 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Sturdy Co.  
 (c) City or town Trenton 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 157 South Mason St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FANNIE DELL HAWVER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 24  
 year 1945 hour 7:00 minute \_\_\_\_\_ A. M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ernie Hawver 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased March 23, 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 45 to July 24, 1945  
 that I last saw her alive on July 24, 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
59 4 1 hr. \_\_\_\_\_ min.

Immediate cause of death  
Shock following leg amputation  
 Due to Diabetes mellitus  
 Due to + hypertension

9. Birthplace Sturdy Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

10. Usual occupation Housewife  
 11. Industry or business Home

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy U

MOTHER FATHER  
 12. Name Fred Baker  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Webster  
 15. Birthplace Sturdy Co. Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Ernie Hawver  
 (b) Address 157 South Mason St. Trenton, Mo.  
 17. (a) Burial (b) Date thereof July 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Missouri Cemetery, Trenton

(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? \_\_\_\_\_

18. (a) Signature of funeral director James A. Dahn  
 (b) Address Trenton, Mo.  
 19. (a) July 25, 45 (b) L. S. Roberts  
(Date registered local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury U  
 23. Signature J. Denton (M. D. or other)  
 Address Trenton, Mo. Date signed 7/25/45

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

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