

S. No. 2  
M-2-43  
5-17-39  
I X38697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 4 1946** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

5128

State File No. \_\_\_\_\_  
Registrar's No. 8

Registration District No. 109 Primary Registration District No. 4176

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Malden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: N. Madison  
(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 26 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin 35  
(c) City or town Malden (If outside city or town limits, write "RURAL") 3  
(d) Street No. N. Madison (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Burkett Hawes  
3. (b) If veteran, name war No 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 24  
year 1946 hour 9 minute 15 A.M.  
21. I hereby certify that I attended the deceased from 26 JAN, 1946 to 24 FEB, 1946,  
that I last saw h. im alive on 24 FEB, 1946,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. married  
6. (b) Name of husband or wife Martha Hawes 6. (c) Age of husband or wife if alive 78 years

Immediate cause of death MYOCARDIAL FAILURE Duration 4 WEEKS  
Due to ARTERIOSCLEROTIC HEART DISEASE APPROX. 10 YRS.  
Due to ARTERIOSCLEROSIS, GENERALIZED APPROX. 10 YRS

7. Birth date of deceased: April 7 1867  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
78 10 17 --hr. --min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Galatia Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Farmer  
11. Industry or business none

MOTHER FATHER { 12. Name Horace Hawes  
13. Birthplace Galatia Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Simmons  
15. Birthplace Galatia Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Hawes  
(b) Address Malden, Mo.  
17. (a) Burial (b) Date thereof 2-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Cemetery  
18. (a) Signature of funeral director Day Funeral Home  
(b) Address Malden, Mo.  
19. (a) 2-28-46 (b) J. G. Schumann  
(Data received local registrar) (Registrar's signature)

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) (c) Means of injury 1  
23. Signature Charles Williams (M. D. M.D.)  
Address MALDEN, MO. Date signed 28 FEB 46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number

346-283

Date Filed

3/21/46

MAR 19 1946

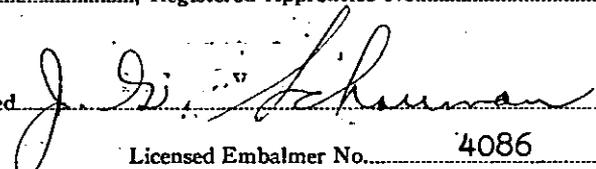
STATEMENT BY LICENSED EMBALMER

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. 4086

P. O. Address Malden, 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.