

FILED MAR 27 1948

1150

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: General Hospital #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
 In this community 30 years  
 years, months or days

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. 11 E. 32nd St.  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

48  
3  
8  
0

3. (a) PRINT FULL NAME FRED HAWKINS

3. (b) If veteran, name war no

3. (c) Social Security No. 714-07-0452

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Dollie Hawkins  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Sept 5 1877  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 9  
 If less than one day hr. min.

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

10. Usual occupation Rm. Railway Express

11. Industry or business Rm. Railway Express  
 12. Name John Hawkins  
 13. Birthplace not known  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Coulter  
 15. Birthplace not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. K. Warren Young  
 (b) Address 345 cypress K.C. Mo.

17. (a) Burial (b) Date thereof Mar. 17, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Maryville Mo.

18. (a) Signature of funeral director Pike Funeral Home  
 (b) Address Maryville Mo.

19. (a) 3-14-48 (b) Theraldine Holmes  
 (Date received local registrar) (Registrar's signature)  
 23. Signature Wm. W. Hart (M. D. or other) M.D.  
 Address Gen. Hosp. #1 Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
 year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from March 2  
1948 to 3-14 1948  
 that I last saw him alive on 3-14 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema  
Pulmonary congestion

Due to  
 Due to  
 Other conditions (include pregnancy within 3 months of death) III C

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 0

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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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.....

*John W. Price*

Licensed Embalmer No.....

*4281*

P. O. Address.....

*Maryville 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.