

APR 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Jackson
City (No.) (No.) St. Ward)

Registration District No. 427
Primary Registration District No. 5592

File No. 12336
Registered No. 70

2. FULL NAME

R. H. Hankenson

(a) Residence, No. 427 Benton Blvd Ward. Kansas City, Mo.
(Usual place of abode) 4 1/2 Street Rawland Hotel (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willie Belle Hankenson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>70</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>all</u>

12. BIRTHPLACE (CITY OR TOWN) Rockford Ill.
(STATE OR COUNTRY)

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Ben Rawland
(ADDRESS) Rawland Hotel 9 street

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Co. DATE 3/24 1937

19. UNDERTAKER H. B. King
(ADDRESS) Forest Hill Co.

20. FILED Mar 23 1937 W. L. Redford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h. alive on Mar 21, 1937 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:
Crushed chest fractured skull.

Other contributory causes of importance:
MIOM

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury Mar 21, 1937
Where did injury occur? 2 mi. W. of Platte, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway
Manner of injury Automobile collision
Nature of injury Crushed chest fractured skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. L. Redford, M. D.
(Address) W. L. Redford

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

you
SV Redford