

REC'D FEB 16 1939

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

1839

Do not use this space.

1. PLACE OF DEATH *Camden* ✓
 (a) County *Camden* Registration District No. *275*
 (b) Township *Acquiline* Primary Registration District No. *517.08*
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Mantha Ann Hankins*
 (a) Residence, No. _____ St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>M. Hankins</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 10th 1859</i>		
7. AGE	YEARS <i>79</i>	MONTHS <i>2</i>
	DAYS <i>9</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>	9. Industry or business in which work was done, as saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <i>Apr 1939</i>	11. Total time (years) spent in this occupation <i>0</i>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Brunley Miller Co. Mo</i>	
FATHER	13. NAME <i>Jan Winfrey</i>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miller Co. Brunley Mo</i>
	15. MAIDEN NAME <i>Lucretia Jane Stage</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Stantucky</i>	
17. INFORMANT (ADDRESS) <i>M. Hankins Richland Mo. Route</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oak Lawn</i> DATE <i>Jan 22 1939</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>P. B. Jeeple Richland Mo.</i>		
20. FILED <i>Jan 27 1939 Mrs. Mar. Red Moore</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 19 1939*

22. I HEREBY CERTIFY, that I attended deceased from *Nov 15 1937*, to *Jan 19 1939*
 I last saw him alive on *Jan 19 1939*. Death is said to have occurred on the date stated above, at *1:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
*Chronic Valvular disease
Heart disease*

Date of onset

Other contributory causes of importance:
92

Name of operation *None* Date of _____
 What test confirmed diagnosis? *bedside* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *C. E. Cartwright*, M. D.
 (Address) *St. Louis Mo*

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.

RECEIVED

District Health Officer No.

District File Number 7-39-1

Date Filed 2-6-39

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..... *R B Zepke*

Licensed Embalmer No. 3198

P. O. Address Richland 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, above space should be left blank.