

1935 APR 11 1935

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

12661
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 881
(b) Township Warrenton Primary Registration District No. 453X
(c) City Warrenton (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Joseph H. Hankins
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Sophia Hankins
(OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1856

7. AGE YEARS 83 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as saw mill, bank, etc. (retired)
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) near Warrenton
(STATE OR COUNTRY) Mo.

FATHER 13. NAME William Hankins

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

MOTHER 15. MAIDEN NAME Elizabeth Hickenbotham

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

17. INFORMANT Mr. Chester Key
(ADDRESS) Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE March 16 39

19. FUNERAL DIRECTOR (NAME) F.W. Nieburg & Son
(ADDRESS) Warrenton, Mo.

20. FILED March 16, 1935 A.W. Chubing
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of skull
(falling down stairs)

Date of onset

Other contributory causes of importance: _____

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? Accident Date of injury March 14, 1939

Where did injury occur? In home at Warrenton Mo
(Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling down stairs

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. F. H. King, Jr. Coroner, DC

(Address) Warrenton, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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, ~~of~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John F. Nieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, Me

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.