

REC'D JUN 13 1939

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

18585
Do not use this space.

1. PLACE OF DEATH

(a) County Wentz Registration District No. 309
(b) Township _____ Primary Registration District No. 5427 Registered No. 16
(c) City Albany (d) Street No. 4175 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

James William Hankenberg
(a) Residence, No. Albany, Mo 140 W. 1st 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie M. Hankenberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) May 1, 1939 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville, O
13. NAME Josiah Hankenberg 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia
15. MAIDEN NAME May E. Brown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Grad Hankenberg, Kentucky, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Kentucky DATE May 12, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. H. Haggard, Kentucky, Mo
20. FILE May 10, 1939, W. H. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939, to May 10, 1939. I last saw him alive on May 8, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset May 7, 1939
Other contributory causes of importance: None
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? Home (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? _____
If so, specify _____ (Signed) J. H. Barger M. D.
Albany, Mo (Address) 240

RECEIVED

District Health Officer No. 11,

District File Number

39-597

Date Filed

JUN 5 1939

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. G. Taggart

Licensed Embalmer No.

25-63

P. O. Address

King City 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.