

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes
In this community 19 years-4-mo. 25 days.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Detroit Hankins 525
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 24 1920
(Month) (Day) (Year)

8. AGE: Years 19 Months 4 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Henry Hankins
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Aggie Riddle
15. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed E Jarman
(b) Address 1025 2nd Joplin Mo
17. (a) Burial (b) Date thereof 11-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director W. Reynolds
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 11-21-39 (b) Ed E Jarman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: /
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1025 Indiana
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1939 hour 11:30 minute p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead alive on November 19, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Neck and Crushed Chest

Due to Automobile Accident
in which he was riding in a car

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Inquest

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence November 18-1939
(c) Where did injury occur? Newman County, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Highway

While at work: no (Specify type of place) (e) Means of injury Auto accident

23. Signature A. K. Winchester (M. D. or other) _____
Address Joplin, Mo. Date signed 11/21/39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

RECEIVED

District Health Officer No. 6,

District File Number 1239-249A

Date Filed DEC 7 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.