

STANDARD CERTIFICATE OF DEATH

State File No. 8262
Registrar's No. 14

Registration District No. 199

Primary Registration District No. 4479

77
8-1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Saline

(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community most all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Hanks 520
3. (b) If veteran, name war World War
3. (c) Social Security No. 709-12-313

4. Sex male
5. Color or race white
6. (a) Single ~~married~~, married ~~divorced~~
6. (b) Name of husband or wife Bernadine Hanks
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 17 1892
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 23
If less than one day hr. min.

9. Birthplace Saline County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive fireman

11. Industry or business ✓

MOTHER FATHER { 12. Name George Hanks 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lou Edris
15. Birthplace Saline County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Hanks,
(b) Address Slater, Mo.

17. (a) burial (b) Date thereof March 18 '40
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
Hill Brothers

18. (a) Signature of funeral director Slater, Mo.
(b) Address

19. (a) 3-18 (b) Wm. Hill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Slater,
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 9 minute 0 a. m. 3 p. m.

21. I hereby certify that I attended the deceased from Last med net
March 15, 1940, to 9 a.m. 3/15, 1940
that I last saw him alive on March 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus Duration 10 hrs

Due to Cardio-Valvular

Due to _____

Other conditions Ch. Renal system also
(Include pregnancy within 3 months of death) Ch. enlargement of liver

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
109 (Specify type of place) _____
Where at work? _____ (e) Means of injury _____

Signature W. H. Kueckel (M. D. or other) 20
Address Slater Date signed 3/16/40

RECEIVED
INDEX CARD RETURNED TO DISTRICT

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 3/21/40

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, Edgar Moore

Edgar Moore

, Registered Apprentice No. 230

working under my personal supervision.

Signed

A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.