

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Hall 25198

State File No. _____

AUG 9 1940
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 590

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 419 E. Delmar **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limit, write "RURAL")

(d) Street No. 419 E. Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Leon C. Hankins **525**

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 11 minute 30 a.m.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lura Hankins

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug. 31 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12, 1940, to July 16, 1940, that I last saw him alive on July 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion **3 das**

Due to Generalized Arteriosclerosis **7 yr.**

8. AGE: Years 77 Months 10 Days 15
If less than one day

Due to _____

Other conditions 94.13
(Include pregnancy within 3 months of death)

9. Birthplace Carlinville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business L. C. Hankins Surgical Supply Co.

Major findings: Of operations none

Of autopsy none

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

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

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? **984**

16. (a) Informant Mrs. Lura Hankins

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

(Specify type of place)

While at work? _____ (2) Means of injury _____

23. Signature Edward G. Hall (M. D. or other) **1**

Address 200 Holland Bldg Date signed 7/17/40

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) July 18, 1940 W. E. Haudley
(Date received local registrar) (Registrar's signature)

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

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 L. Edwin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

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