

Registration District No. 518

Primary Registration District No. 4191

Registrar's No. 1

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Ash Grove Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 20  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Hankins  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Joseph H. Hankins 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased October - 18 - 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Fiscal Station Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name E. A. Presnell  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Rowe  
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant J. H. Hankins  
(b) Address Ash Grove Mo.

17. (a) Burial (b) Date thereof Oct-6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ash Grove Mo.

18. (a) Signature of funeral director James A. Brim  
(b) Address Water Grove Mo.

19. (a) \_\_\_\_\_ (b) Mrs Leonard Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Ash Grove Mo.  
(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 October day 4 year 1940 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from for past 5 years 1935 to Sept 30 1940; that I last saw her alive on Sept 30 1940; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral congestion producing convulsions

Due to Demencia Presenx

Due to Transition

Other conditions 824  
(include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Charles H. McKelvie (M. D. Registrar)

Address Ash Grove Mo. Date signed 10-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 19 1940

Licensee County License (11108,

County File Number... 40-11-100

Date Filed... 11/13/40

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**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 Gene A. Brinn  
Licensed Embalmer No. 2664  
P. O. Address Walnut Grove 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, fact should be so stated above.**