

Registration District No. **598**

Primary Registration District No. **9355**

Registrar's No. **39**

1. PLACE OF DEATH:  
(a) County **Morgan**  
(b) City or town **Versailles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **17 2**  
(Specify whether **in**)  
In this community **17 2**  
years, months or days

3. (a) PRINT FULL NAME **JOHN MANKINS**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Colored** 5. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **EMMA SMITH** 6. (c) Age of husband or wife if alive **1857** years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **83** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Versailles** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **JANITOR**

MOTHER FATHER  
12. Name **Chas. MANKINS**  
13. Birthplace **No Record** (City, town, or county) (State or foreign country)  
14. Maiden name **Elvira Chins**  
15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Lou Little**  
(b) Address **Versailles, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 4-40** (Month) (Day) (Year)  
(c) Place: burial or cremation **Versailles City Cemetery**

18. (a) Signature of funeral director **W. G. Redwell**  
(b) Address **Versailles, Mo**

19. (a) **9/3/40** (Date received local registrar) (b) **Will F. Berry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Morgan**  
(c) City or town **Versailles** (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 **Sept.** day **1**  
year **1940** hour **10** minute **10 P.** M.  
21. I hereby certify that I attended the deceased from **Aug 21st**, 19**40** to **Sept 1st**, 19**40**  
that I last saw him alive on **Aug 21-1940**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Hemiplegia**  
**Arterio Sclerosis**  
**Hypertension**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? **NO**  
(Specify type of place)  
While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **W. G. Gunn** (M. D. certifies)  
Address **Versailles, Mo** Date signed **9/2/40**

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

APR 27 1948

RECEIVED

District Health Officer No. 74

District File Number 12-40-1661

Date Filed 12-3-40

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, or by

*Gene Bartran*

Registered Apprentice No.

working under my personal supervision.

Signed

*Gene Bartran*

Licensed Embalmer No.

4021

P. O. Address

*Versailles, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39296

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 598

Primary Registration District No. 4355

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Morgan  
(b) City or town Versailles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME John Mankins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 83 Months — Days — If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 9 day 1  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour, stated above.

Immediate cause of death Hemiplegia from Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Arteriosclerosis

Hypertension

Other conditions \_\_\_\_\_ (Include pregnancy within 5 months of death) 820

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? \_\_\_\_\_

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

23. Signature W. B. Gunn (M. D. or other) \_\_\_\_\_

Address Versailles Mo Date signed 1-29-48

SUPPLEMENTARY

S-39296 1940