

S. No. 2
11-10-39
1-21-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39998

State File No.

Registrar's No. 277

DEC 11 1940
Registration District No. 875

Primary Registration District No. 6162

08

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Raymore
(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.

8. (a) PRINT FULL NAME Charles Hankenberry

8. (b) If veteran, name war _____
8. (c) Social Security No. Not known

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Garrett
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased March 17 - 1873
(Month) (Day) (Year)

8. AGE: Year 77 Months 7 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Joell Hankenberry
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Sutton
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Hankenberry
(b) Address Raymore, Mo.
17. (a) Burial (b) Date thereof Nov. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director W. K. Carpenter Sons
(b) Address Belton

19. (a) Nov 6, 1940 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1940 hour 3:15 minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 24
1940 to Nov. 6, 1940
that I last saw him alive on Nov. 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____
Due to 450

Other conditions Thrombosis of "RT" Axillary Artery 2 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy No
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?
Yes
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Frank H. Toller (M. D. or other) M.D.
Address Nebraska, Mo. Date signed 11-6-40

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1687

Date Filed 12-4-40

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Berry S. Thacker

Licensed Embalmer No.

3944

P. O. Address

Bellton 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.