. No. 2
-11-10-39
5-17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1687

Registration District No. 53 | Primary Registration District No. 3005 | Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Rich Hill Mo. (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 years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Rich Hill (If outside city or town limits write "RURAL")

(d) Street No. 323 North Sixth St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Hettie T. Hankins

3. (b) If veteran, name war .....

3. (c) Social Security No. X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Mcdaniel Hankins

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

7. Birth date of deceased: Feb. (Month) 23 (Day) 1860 (Year)

8. AGE: Years 80 | Months 10 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Carrplton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

MOTHER FATHER

12. Name: William McPheron

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Elinda Brown

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs George Appleton

(b) Address: Rich Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 (Month) 15 (Day) 41 (Year)

(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Paul Rearley

(b) Address: Rich Hill Mo.

19. (a) Jan. 13 1941 (Date received local registrar) (b) Claude J. Allen M.D. R.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Jan 12, 1941; that I last saw h. alive on Jan 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chr

Hypertension

Due to: Pneumonia Lobar Right Lung

Due to .....

Other conditions (Include pregnancy within 3 months of death): N.S.A.

Major findings: Of operations .....

Of autopsy .....

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions	

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? 56 (Specify type of place)

While at work? (e) Means of injury .....

23. Signature: [illegible] (M. D.)

Address: Rich Hill Mo Date signed: 1/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-246
Date Filed 2-6-41

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

Signed J. Hudson Reasley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.