

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

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.

REV. 5-17-39 I 41951

FILED MAY 12 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14065

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Callaway Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Emma Hanks

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F. / 5. White race
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charles White

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Joana Mallory

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

16. (a) Informant's own signature Mrs. Bessie Durrett
(b) Address Marshall, Mo

17. (a) Burial (b) Date thereof Apr. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Mo

18. (a) Signature of funeral director Elmer Y. Manpin
(b) Address 700 Court Fulton, Mo

19. (a) Apr. 14, 1941 (b) R. N. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callawa 14
(c) City or town Fulton Rural ()
(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 April day 12
year 1941 hour 4:12 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4/12/41
_____, 19____, to 4/12, 1941;
that I last saw her alive on 4/12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____ years

Due to _____

Due to chr. myocarditis _____ years

Other conditions Hypertension _____ years
(Include pregnancy within 9 months of death)

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? _____

(Specify type of place) _____
(While at work) (e) Means of injury _____

23. Signature James Durrett (M. D. or other) Ch.D.
Address Fulton, Mo. Date signed 4/12/41

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.....

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

Signed.....

Glen Y. Maupin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, 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.