No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18152

Registration District No. 411 Primary Registration District No. ~~2002~~ 5569 Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER.
(b) City or town JOPLIN - Rural - Galena
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R 3 - Box 451-A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 25 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JASPER.
(c) City or town RURAL 3 - BX 451 A
(If outside city or town limits, write "RURAL")
(d) Street No. JOPLIN MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — No years.

3. (a) PRINT FULL NAME George Washington Hankins
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 18 (Month) 1869 (Year)
8. AGE: Years 71 Months 11 Days 12 If less than one day hr. min.
9. Birthplace ALABAMA (City, town, or county) (State or foreign country)
10. Usual occupation MINISTER.
11. Industry or business " "
FATHER
12. Name GEORGE HANKINS.
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY HOOSIER
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant Jack Hankins
(b) Address R2 Box 59 Galena Kans
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-2-41. (Month) (Day) (Year)
(c) Place: burial or cremation Fairview
18. (a) Signature of funeral director Leuchtenfeld Co
(b) Address Joplin Mo
19. (a) 5-31-41 (Date received local registrar) (b) W D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 1:10 minute P. M.
21. I hereby certify that I attended the deceased from Did not treat him alive 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute congestive heart failure	
Due to Myocardial degeneration	
Due to	
Other conditions (Include pregnancy within 3 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? 372 (Specify type of place)
While at work? (e) Means of injury 3
23. Signature R. N. Webster (M. D. or other) Coroner
Address Carthage Mo. Date signed May 30 41

(Licensed Embalmer's Statement on Reverse Side)

41-6-545

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 Sam E. Sensency Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.