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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1941

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

M. J. O'Connell
State File No. 31807

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community 11 months, 29 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Hankins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September 13, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 11 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Reynolds
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hankins
15. Birthplace Joplin, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hankins
(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 9-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director _____
(b) Address Joplin, Missouri

19. (a) 9-13-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

[Signature] (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 13th & Central City Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 12th
year 1941 hour 12:35 minute a M.

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

Immediate cause of death Hydrocephaly
Due to lobar pneumonia 2 wk
gastro enteritis 4 wk
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
1572
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 [Signature] (M. D. or other) MD
Address Joplin, Mo. Date signed 9/13/41

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

41-10-165

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: *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address. *Jacksonville 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, fact should be so stated above.