

S. No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35698**

FILLED NOV 13, 1941

Registration District No. **633**

Primary Registration District No. **5865-**

Registrar's No. **6867**

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

1. PLACE OF DEATH:

(a) County pentagon
(b) City or town Rural Concord
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 miles north of 376 ayti
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Waynes
(c) City or town Caruthersville
(If outside city or town limit, write "RURAL")
(d) Street No. 111 East 14th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Doris A. Hankins

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-14-8W

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hankins 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 10 - 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name Earnest Adams

13. Birthplace Hibson County, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Birchwood Bryant

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

16. (a) Informant J. H. Mrs. Bell

(b) Address Caruthersville, Mo. 111 E 14th St

17. (a) Burial (b) Date thereof 10-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Park

18. (a) Signature of funeral director Emmanuel Burns

(b) Address Caruthersville, Mo.

19. (a) 11/31/41 (b) Pearl Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 7 minute 00 P. 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 Broken neck, Crushed chest, Duration _____

Due to Injury received in auto wreck on

Due to 61 highway 6 miles S. of Pottsville, Mo
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1700-6 82

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Oct. 18, 1941, 9:00 AM

(c) Where did injury occur? Stanley, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway.
(Specify type of place) (e) Means of injury Auto

23. Signature Jules V. Moore (M. D. or other) _____

Address Hayti, Mo Date signed 10/19/41

11-41-34

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.....

Licensed Embalmer No.....

P. O. Address.....

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.