

STANDARD CERTIFICATE OF DEATH

State File No. 8100

FILED MAR 3 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 4 years 4 months 29 days
years, months or days)

8. (a) PRINT FULL NAME MRS-LOUETTA-HANKS

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

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

6. (b) Name of husband or wife Charles Hanks 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan 31 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months none Days 26 If less than one day - hr. - min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name James Pitello
13. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Partlow
15. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp. No 3

(b) Address Nevada, Mo.

17. (a) Lee Summit Mo (b) Date there 2/28 1942
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Summit Cemetery

18. (a) Signature of funeral director Paul L. Barone

(b) Address 114 N. 1st St. Lee Summit Mo

19. (a) Feb 26 1942 (b) Alfred D. Hoyle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson¹⁰⁸
(c) City or town Lee Summit
(If outside city or town limits, write "RURAL")
(d) Street No. 510 North Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Feb 26, 1942
that I last saw her alive on Feb 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to 162 f

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration
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) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? none (Specify type of place) (e) Means of injury none

23. Signature Paul L. Barone (M. D. or other) M.D.
Address State Hosp No 3 Date signed Feb 26

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

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