

26840

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33

Registrar's No. 32

FILED SEP 11 1942

Registration District No. 30

Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County CAMDEN

(b) City or town RURAL (OSAGE)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CAMDEN

(c) City or town RURAL (OSAGE) (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM TAYLOR HANKS

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 LAURA MAY 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased SEPT. 15 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>10</u>	<u>10</u>	hr. min.

9. Birthplace LAWRENCEBURG KY (City, town, or county) (State or foreign country)

10. Usual occupation BOOKKEEPER

11. Industry or business RETIRED

12. Name NO RECORD

13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant MRS. LAURA HANKS

(b) Address STAR Pk. VERSAILLES, MO.

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Aug 12 1942 (Date received local registrar) Ludovic Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 10 year 1942 hour 4:15 minute P.M.

21. I hereby certify that I attended the deceased from about Jan 1 - 1942 to Aug 10 1942 that I last saw him alive on about Jan 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 80 min.

Due to coronary sclerosis

Due to hypertension 7 mos + unknown

Other conditions none known (Include pregnancy within 3 months of death)

Major findings: Of operations 940 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?

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

23. Signature A. J. Swan (M. D. or other)

Address Versailles Mo. Date signed 8-11-42

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

905

5-1100
PI X29484

SEP 16 1942
APR 26 1942

N. S. V.
-1401

RECEIVED

District Health Officer No. 7,

District File Number 9-42-992

Date Filed 9-9-42

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 W. F. Kudrill

Licensed Embalmer No. 1546

P. O. Address Wesley Hill

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26840
Registrar's No. 32

Registration District No. 50

Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs.
In this community 4 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Taylor Hank

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased.....
(Month) Sept (Day) 15 (Year) 1942

8. AGE: Years 60 Months 10 Days 13 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant.....
(b) Address.....

17. (a) Removal (b) Date thereof 8/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrenceburg, Kentucky

18. (a) Signature of funeral director W. F. Caldwell

(b) Address Versailles, Mo

19. (a) Sept 24-42 (b) Lathemia Rogers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....

that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration.....

Due to.....

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?
While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

APR 26 1943