

FILED NOV 13 1942

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 193

89

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days) All Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond Mo. 302 S. College (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 U.S.A.

3. (a) PRINT FULL NAME ETTA HANKINS

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

4. Sex Female 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 (Month) (Day) (Year)

7. Birth date of deceased. April 5 1875.

8. AGE: Years Months Days If less than one day

67 7-1. hr. min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business

MOTHER FATHER

12. Name Benton Hankins

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

14. Maiden name Bettie Nelson

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

16. (a) Informant Lerna Hatfield

(b) Address Richmond Mo.

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

(c) Place: burial or cremation Union Cem. Ray Co. Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Richmond Mo.

19. (a) Nov. 17, 1942 (b) Mrs. Char. Hatfield (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1942 hour Ten minute 9:40 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to Nov 5, 1942 that I last saw her alive on Nov 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis Duration 3 mo.

Due to

Other conditions (Include pregnancy within 3 months of death) gfa

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 2

23. Signature Dr. E. J. Revore (Physician or other) 11/6/42

Address Richmond, Mo. Date signed 11/6/42

RECEIVED

Director Health Officer No. 8

District File Number

Date Filed

11-23-42

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.....

J. B. Brothers

Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home**

Signed.....



Licensed Embalmer No. 3001

P. O. Address Richmond 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.