V. S. No. 2
50M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18578

Registration District No. 254 Primary Registration District No. 5860 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Big Apple Twp
(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 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Koshkonong (~~Rural~~) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Laura Mahorney
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased January (Month) 3 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	3	4	hr. min.

9. Birthplace Warrenton (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Billie Hankins
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. G. A. Hankins
(b) Address Koshkonong, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Union Hill Cem.
18. (a) Signature of funeral director Ken Carr
(b) Address Thayer, Mo.
19. (a) 5-8-43 (Date received local registrar) (b) Joe D. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 9 minute 55 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Chronic Nephritis
Due to Hypertensive Heart Disease
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

131 P

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

23. Signature C W Cooper (M. D. or other) M D
Address Thayer Mo Date signed 8-1-43

1112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 643372
Date Filed 6-8-43

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, fact should be so stated above.