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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28462

FILED SEP 10 1944

State File No.

Registration District No. 268 Primary Registration District No. 5906 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural - Little River (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Pemiscot

(c) City or town Rural - Little River (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME RONNIE LEE HANKINS

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

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

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

7. Birth date of deceased June (Month) 22 (Day) 1944 (Year)

8. AGE: Years | Months 1 | Days 2 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Claud Hankins
13. Birthplace Portageville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Arleen ELLIS
15. Birthplace Portageville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. J. Hankins

(b) Address Mardell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mardell Mo

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti Mo

19. (a) 8-4-44 (Date received local registrar) (b) J R Creasy (Registrar's signature)

590

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1 year 44 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from 7-31-, 1944 to 8-1-, 1944 that I last saw him alive on 7-31-, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Marasmus	
Due to Malnutrition	
Due to	
Other conditions Improperly fed (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 [signature] (M. D. or other) M.D.

Address Hayti, Mo. Date signed 8-1-44

(Licensed Embalmer's Statement on Reverse Side)

8-44-185

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 .....

Not Embalmed

....., 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.