

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ann Hankins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex # 0

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive, years 1877

7. Birth date of deceased: July 29 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Henry Hooser

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

14. Maiden name Douglas

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

16. (a) Informant Mrs Carrie Hummel

(b) Address 1025 Pinedale

17. (a) burial (b) Date thereof Mar 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director Hambill Dixon

(b) Address 425 Wall St

19. (a) 3-19-45 (b) Arthur S. Suddaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1310 Iowa
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 3 minute 15 a.m.

21. I hereby certify that I attended the deceased from March 17
1945, to Mar. 17 1945;

that I last saw her alive on Mar. 17 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Toxemia Duration _____

Due to Diabetes Mellitus

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 61 PHYSICIAN _____
Of operations _____

Of autopsy _____
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 [Signature] (M. D. or other) _____
Address [Address] Date signed 3/19/45

45-3-239

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 Cecil A. Hornick

Licensed Embalmer No. 3590

P. O. Address Joplin 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.