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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1945

State File No. 34292

Registration District No. 271 Primary Registration District No. 5911 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Bragg City G.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Passolotum
(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) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot 78

(c) City or town Bragg City G.D. 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) 0

If yes, name country

3. (a) PRINT FULL NAME Jacob Andrew Hanks

3. (b) If veteran, name war World #1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bithy Hanks

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov (Month) 20 (Day) 1893 (Year)

8. AGE: Years 51 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Ackland Hanks
13. Birthplace (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Joyce June Wagner
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Ackland Hanks Jr
(b) Address Bragg City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Linz Ind Co
(b) Address Kennett Mo

19. (a) 10-3-45 (Date received local registrar) (b) Mrs. Jessie Turnage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 18 year 1945 hour 10 minute 10 a M.

21. I hereby certify that I attended the deceased from Aug 1, 1945 to Aug 18, 1945; that I last saw him alive on Aug 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 days

Due to Arteriosclerosis Hypertension 3 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 George A Gilmore DO (M. D. or other)

Address Kennett Mo Date signed 8-23-45

1515

(Licensed Embalmer's Statement on Reverse Side)

10-45-209

NOV 16 1945

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: Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address: Kennett 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.