

FILED AUG 13 1948

State File No. _____

Registration District No. 67

Primary Registration District No. 5261

Registrar's No. 14

1. PLACE OF DEATH: **CHRISTIAN**
 (a) County CHRISTIAN
 (b) City or town GARRISON (RURAL)
(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 19 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CHRISTIAN
 (c) City or town GARRISON
(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.? NO years.

3. (a) PRINT FULL NAME RUTHIE MILDRED HANKINS

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 19
 year 1948 hour 4 minute 45 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

21. I hereby certify that I attended the deceased from June 1, 1948, to July 19, 1948
 that I last saw her alive on July 15, 1948
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife STEVEN D. HANKINS 6. (c) Age of husband or wife if alive 67 years

Immediate cause of death Lymphoma Sarcoma

7. Birth date of deceased 8 (Month) 16 (Day) 1881 (Year)

8. AGE: Years 65 Months 11 Days 5 If less than one day hr. _____ min. _____

Due to unknown

9. Birthplace TANEY COUNTY MO.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation HOUSEWIFE

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY FORD
 13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Major findings: none
 Of operations _____
 Of autopsy none
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name JANE COLLINS
 15. Birthplace MACON COUNTY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant S. D. HANKINS
 (b) Address GARRISON? MO.

17. (a) BURIAL (b) Date thereof 7 20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KISSEE MILLS MO.

18. (a) Signature of funeral director John Dean Harris
 (b) Address CHADWICK MO.

19. (a) July 31-48 (b) Lillie Barr
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R. R. Farthing (M. D. or other) _____
 Address Wash Mo Date signed 7-21-48

RECEIVED
District Health Officer No. 6;
District File Number 848-896
Date Filed AUG 12 1919

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. 4390
P. O. Address..... Chadwick, 7

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.