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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948
Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 29471
Registrar's No. 805

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community All of life 62 years
years, months or days

3. (a) PRINT FULL NAME Stella Hankins
(b) If veteran, name war no
(c) Social Security No. no

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. C. Hankins
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. 5 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER
12. Name George Snider
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Wyre
15. Birthplace S. C.
(City, town, or county) (State or foreign country)

16. (a) Informant L. C. Hankins

(b) Address Fair Grove, Mo.

17. (a) burial (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield

19. (a) 9-28-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Fair Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1948 hour 11 minute 00 a.M.

21. I hereby certify that I attended the deceased from 7-30-48
_____, 19____, to 9-24, 1948
that I last saw hER alive on 9-24-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Glomerulonephritis
with Uremia

Due to _____

Due to _____

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

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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? _____ (Specify type of place)
(e) Means of injury 0

23. Signature William J. Paul (M. D. _____)

Address 209 Professional Bldg. Date signed 9/25/48

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

John H. McVitt, Registered Apprentice No. *85*
working under my personal supervision.

Signed *J. B. K. Leigner*

Licensed Embalmer No. *3358*

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.