S. No. 300
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40155

Registrar's No. 5007

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2das, 14 hrs, 40 mins
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 625 East 6th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FREDA HANKINS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife LESTER HANKINS

6. (c) Age of husband or wife if alive NOT KNOWN years

7. Birth date of deceased NOVEMBER (Month) 4th (Day) 1913 (Year)

8. AGE: Years 35 | Months 1 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name WILLIAM WRIGHT

13. Birthplace KANSAS CITY, MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name ALICE RILEY

15. Birthplace CLAY COUNTY, MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Husband: Lester Hankins

(b) Address 625 East 6th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation West Lawn F.C. Kans.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 12-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 7th year 1948 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from DECEMBER 4th, 1948 to DECEMBER 7th, 1948, that I last saw her alive on DECEMBER 6th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death FAR ADVANCED PULMONARY TUBERCULOSIS — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 E. Frank Ellis (M. D. or other)

Address 600 East 22nd St. Date signed 12/7/48

(Licensed Embalmer's Statement on Reverse Side)

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 C. Kenneth Kerford

Licensed Embalmer No. 4439

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.