No. 300
10.48

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

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1548

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rose Hill Twp
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Farm, Route #3 Holden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 829 Ash Street.

3098

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Harvey
c. (Last): Hankinson

4. DATE OF DEATH (Month) (Day) (Year): Jan 17, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 10 1923
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months .8 Days 7 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Housebuilding
11. BIRTHPLACE (City and State or Foreign Country): Gloverville, s. Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: E. H. Hankinson
13b. MOTHER'S MAIDEN NAME: Georgia McKenzie
14. NAME OF HUSBAND OR WIFE: Margaret Hankinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. W. #2
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Georgia Hankinson, ADDRESS: Gloverville S. Carolina

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound in Chest — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Accident while hunting
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E919.1 19

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Johnson County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 17, 1955 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Accident discharge of firearm

22. *I hereby certify that I attended the deceased from* XXXX, 19___, *to* XXXX, 19___, *that I last saw the deceased alive on* 1/17/55, 19___, *and that death occurred at* 330p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Rawlins MD Coroner
23b. ADDRESS: Holden, Missouri
23c. DATE SIGNED: 1/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 1/18/55
24c. NAME OF CEMETERY OR CREMATORY: Gloverville Cemetery
24d. LOCATION (City, town, or county) (State): Gloverville, S. Carolina
DATE REC'D BY LOCAL REG.: 1/18/55
REGISTRAR'S SIGNATURE: Mrs. G V Redford 150-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Canaday & Ropp, Holden, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 3 1955
JOHNSON COUNTY HEALTH DE

FEB 7 1955
MAR 17 1956
APR 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Samuel B. K

Licensed Embalmer No. 3434

P. O. Address Holden, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.