

REC'D MAR 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6860
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township..... Primary Registration District No. 3018 Registered No.....
 (c) City Clinton (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Silas Edwin Hankins 326

(a) Residence, No. 112 W. Henry St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Editha H Hankins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 5 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (year) spent in this occupation Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4 years or present 2-15, 1938
 I last saw him alive on 2-14, 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Myocardial disease
Atherosclerosis
Cerebral Endarteritis
 Date of onset 9311
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis clinical Where an autopsy No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) E. C. Seelos, M. D.
 (Address) Clinton, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 FATHER 13. NAME Wm Hankins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Elizabeth Beck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Wm Penny
 (ADDRESS) Clinton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2-16 1938
 19. FUNERAL DIRECTOR Fred Wilkinson
 (ADDRESS) Clinton, Mo
 20. FILED 2-26 1938 Dr. J. R. Houghton
 Legal Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12064

STATEMENT BY LICENSED EMBALMER

I, Fred Wellhouse, Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. [unclear]

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Fred Wellhouse

Licensed Embalmer No. 2478

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.)