DEC JAN 14 1939

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

43148
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 316
(b) Township — Primary Registration District No. 2001 — Registered No. 1021
(c) City SPRINGFIELD — (d) Street No. Springfield Baptist Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bascle Hancock
(a) Residence, No. Drury, Missouri. St. Drury Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maytie Hancock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1906

7. AGE: ✓ YEARS 32 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentryville Missouri

FATHER
13. NAME Merida Hancock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield, Missouri

MOTHER
15. MAIDEN NAME Alice Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Mo

17. INFORMANT (ADDRESS) Mrs. Maytie Hancock Drury, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gentryville, Mo DATE Jan 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lohmeyer Springfield Missouri

20. FILED Dec 31, 1938 Chas A George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him dead on Dec. 31, 1938 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound — left chest
Gunshot wound — left hip

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Dec. 30 1938.
Where did injury occur? Douglas County, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Gunshot
Nature of injury Gunshot.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. P. Ferguson Coroner, M. D.
(Address) 604 E. Elm Greene Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

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, above space should be left blank.