

AUG 3 1939

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

25165
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Paplar Bluff Primary Registration District No. 6102
(c) City Paplar Bluff, Mo. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessac Hancock

(a) Residence, No. Pyxico, Mo. 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) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 8
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 (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dray Tenn. (STATE OR COUNTRY) _____

13. NAME John Hancock

14. BIRTHPLACE (CITY OR TOWN) Middle Tenn. (STATE OR COUNTRY) _____

15. MAIDEN NAME Elizabeth Moore

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) _____

17. INFORMANT Charley Hancock (ADDRESS) Pyxico

18. BURIAL, CREMATION, OR REMOVAL PLACE Duck Creek DATE 6-26-39

19. FUNERAL DIRECTOR (NAME) Walters (ADDRESS) Dexter Mo

20. FILED 7-1 1939 De Munnal Spout Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1939

22. I HEREBY CERTIFY That I attended deceased from 6-23, 1939, to 6-25, 1939.

I last saw him alive on 6-25, 1939. Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia - anuria
acute Retention
Phosphate Nephropathy

Date of onset
2 days
Hd. aches
5-7 yrs.

Other contributory causes of importance: 137

Name of operation _____ Date of _____

What test confirmed diagnosis? uric Was there 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?
If so, specify _____

(Signed) J. M. Durichin M. D.

(Address) Pyxico, Mo.

RECEIVED

District Health Officer No. 2,

District File Number 839-103

Date Filed 8-2

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.....

Fred W. Nutzman

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Nutzman

Licensed Embalmer No. 3711

P. O. Address Reyer, Mo.

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.