S. No. 2
—1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5959

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 731

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: K.C.General Hospital No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1/2 hr. (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 1/2
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2529 Quincy
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JESSIE WADE HANCOCK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced child O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 11, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace Kansas City (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER
12. Name Elvin Wade Hancock
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)
MOTHER
14. Maiden name Leona Hobb
15. Birthplace (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant Elvin C. Hancock
(b) Address 2529 Quincy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Rose & Henderson
(b) Address 15th & Jackson
19. (a) 2/19/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1941 hour 9 A.M. minute M.
21. I hereby certify that I attended the deceased from 2-18-41, 19 to 2-18-41, 19;
that I last saw him alive on 2-18-41, 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Indnition and Jaundice-type undetermined
Due to 161
Due to 161
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
See above

Duration

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 O
23. Signature Drury R. Thorn (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed 2-19-41

(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.....G. E. Henderson

Licensed Embalmer No.....3657

P. O. Address.....K. C. Mo.

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

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