

FILED MAY 14 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1829

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: General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-7-42-5-5-42  
(Specify whether years, months or days) 40 years

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 Highland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAGGIE HANCOCK

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Richardson

13. Birthplace unk (City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace unk (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Serial (b) Date thereof 5-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Highland, Kansas

18. (a) Signature of funeral director Wm. E. Brown

(b) Address 1819 E. 15

19. (a) 5-9-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1942 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 7, 1942 to May 5, 1942  
that I last saw h. er alive on May 5, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
(Terminal) Hypostatic

Duration

Due to 935

Due to \_\_\_\_\_

Other conditions Hypertensive type heart disease  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. E. Brown (D. J. Registrar)

Address 1819 E. 15 Date signed 5-7-42

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

**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

*Edw G. Evans*

Licensed Embalmer No.

*3836*

P. O. Address

*1819 E. 15<sup>th</sup> Kc 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, fact should be so stated above.**