

FILED DEC 7 1942

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 116

85
0
0

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

1. PLACE OF DEATH Pulaski

(a) County Pulaski

(b) City or town Dixon, Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County Pulaski

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

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Belle Zora Hancock

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife. George Hancock 6. (c) Age of husband or wife if alive. 28 years (Day) (Year)

7. Birth date of deceased. 3 (Month) 28 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	8	10	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Roe Duncan

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Mary Pittman

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant George Hancock
(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 11 3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Dixon Cemetery

18. (a) Signature of funeral director. Fred H. Gilhert
(b) Address Dixon, Missouri

19. (a) 11-14-1942 (b) Chas M Doad
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1942 hour 10:30 minute 30 A. M.

21. I hereby certify that I attended the deceased from never 19. to. 19. ; that I last saw h. alive on. 19. and that death occurred on the date and hour stated above.

Immediate cause of death. Disruption of brain tissue

Due to Gunshot wound

Due to

Other conditions (Include pregnancy within 3 months of death) 164c

Major findings: Of operations

Of autopsy none made

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) Suicide

(b) Date of occurrence Nov 7, 1942

(c) Where did injury occur Dixon Pulaski Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury gunshot

23. Signature C. M. Mallye
Address Dixon, Mo Date signed 11-14-42

1170

3 Mo

RECEIVED

Pulaski County Health Officer

File Number 12-42-204

Date Filed 12-4-42

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.....

Nov. 7 - 1942

Registered Apprentice No.....

working under my personal supervision.

Signed Fred D. Gillett

Licensed Embalmer No. 2341

P. O. Address Avon 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.