

U.S. No. 2
FORM-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13937

State File No. _____

FILED MAY 10 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution:
424 S. SPRIGG ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NOT IN HOSPITAL
(Specify whether)

In this community 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

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

(d) Street No. 424 S. SPRIGG ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME CORA LOUELLA HANCOCK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN HANCOCK

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased SEPT 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 6 7 _____ hr. _____ min.

9. Birthplace LUTESVILLE MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name JAMES PINKNEY DUNN

13. Birthplace BOLLINGER CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name SARAH L. BOICE

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

16. (a) Informant Mrs. Spig Sprigg

(b) Address 424 S. Sprigg St. Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APRIL 9 - 1948
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director M. G. Longberg

(b) Address Cape Girardeau Mo

19. (a) 4-7-48 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6
year 1948 hour 6 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 1 1930 to Apr 6 1948
that I last saw her alive on Apr 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
of the heart -

Due to Hypertension

Due to _____

Other conditions Arteriosclerosis of aorta
(Include pregnancy within 3 months of death)

Major findings: ASC

Of operations _____

Of autopsy _____

Duration 3 yrs

13 yrs

3 yrs

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature George J. Doherty (M. D. or other) _____

Address Cape Girardeau Date signed 4/7-48

RECEIVED

District Health Officer No. 4
District File Number 543-2186
Date Filed 5-7-43

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.