

S. No. 2
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5-17-39
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F 24834

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 20 1944
Registration District No.

Primary Registration District No. 5572

Registrar's No. 82

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson Prairie Ia. rd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co. Home for Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Oak Grove Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 62nd S. West
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Ernest Hancock
(b) If veteran, name war.
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1944 hour 10:30 minute P M.

4. Sex Male 0
5. Color or race white 0
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife.
(c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 24 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 6 1944 to June 22 1944
that I last saw him alive on June 21 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75	2	28	hr. min.

Immediate cause of death: Chronic myo carditis
Duration

9. Birthplace Salina Co Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Due to ...
Due to ...
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Thomas Hancock
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)
14. Maiden name Jillard
15. Birthplace Va 1
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Martha Hancock
(b) Address Oak Grove Mo
17. (a) Burial, cremation, or removal Burial (b) Date thereof 6-26-44
(Month) (Day) (Year)
(c) Place: burial or cremation Blackburn Mo
18. (c) Signature of funeral director Mrs. F. B. Webb
(b) Address Blair Springs Mo
19. (a) June 26, 1944 (b) J. M. Schuchter
(Date received local registrar) (Registrar's signature)

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 J. W. Greer (M. D. or other)
Address Independence Mo Date signed 6/23/44

1162 (Licensed Embalmer's Statement on Reverse Side)

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 R. B. Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs, 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.