. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33645

FILED NOV 13 1945

Registration District No. 99

Primary Registration District No. 5376

Registrar's No.

1. PLACE OF DEATH:

(a) County De Kalb.

(b) City or town Rural. Grand River Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles N.W. of Cameron
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community One year.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb Sr

(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles N.W. Cameron 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Fredrick Koll Hancock Sr

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-18-8561

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie Hancock

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov (Month) 13 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	4	hr. min.

9. Birthplace Ke Dalb Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Richard W Hancock
13. Birthplace No Record (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Taylor
15. Birthplace De Kalb Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mitchell S. Dunham
(b) Address Hamilton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Weatherby

18. (a) Signature of funeral director Poland Funeral Hon
(b) Address Cameron

19. (a) (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1945 hour minute 330 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to Oct 17, 1945 that I last saw him alive on Oct 17, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	3 or 4 years
Due to	
Due to	
Other conditions: Chronic Hypertension (Include pregnancy within 3 months of death)	Several years

Major findings:
Of operations
Of autopsy

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

23. Signature Fred H Wilson (M. D. or other) MD
Address Winston. Date signed 10/18/45

1531

(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.....

Licensed Embalmer No. 3960

P. O. Address Maysville 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.