

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37700  
Registrar's No. 48

FILED DEC 8 1945

Registration District No. 76 Primary Registration District No. 5608

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

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

(d) Street No. East 4th Street  
(If rural, give location)

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

If yes, name country XXXX

3. (a) PRINT FULL NAME RALPH ELDON HANCOCK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased April 29, 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>5</u>	<u>21</u>	hr. min.

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

10. Usual occupation Student

11. Industry or business same

12. Name Willis Elwood Hancock

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

14. Maiden name Olen Amber Small

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

16. (a) Informant Olen Hancock

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof Oct 24 '45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.D.S. Cemetery.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) Oct 1, 1945 (b) Mrs. M. D. Redford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20  
year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental discharge of fire gun while hunting. Duration \_\_\_\_\_  
Bullet entering Brain.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 184-8  
Of operations \_\_\_\_\_  
Of autopsy 19

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) Accident 151

(b) Date of occurrence October 20, 1945.

(c) Where did injury occur? Rural Holden, Johnson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In a pasture near town.

While at work? No. (Specify type of place) (e) Means of injury 22. Rifle

23. Signature J. May Andrews (Other) \_\_\_\_\_

Address Holden, Mo. Date signed Oct 24/45

**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

*W. J. Canaday*

.....  
Licensed Embalmer No. *3434*

P. O. Address *Holder, 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.**