

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14092

State File No.

Registrar's No.

FILED APR 24 1946

Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
PIKE CO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether years, months or days)

In this community 20 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

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

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

3. (a) PRINT FULL NAME William Jefferson Hancox

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 6/45 minute A.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SARAH ELLEN HANCOX

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased MAY 4 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-24-1944 to 3-5-46 1946
that I last saw him alive on 3-5-46, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis ; Duration 1 month

8. AGE: Years 74 Months 10 Days 1 If less than one day hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: None

Of operations: _____

Of autopsy: none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace LINCOLN CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BAGGAGEMAN

11. Industry or business RAILROAD

MOTHER FATHER { 12. Name HENRY HANCOX

13. Birthplace STAFFORDSHIRE ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name LUCINDA JANE HENRY

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

16. (a) Informant MRS. WILLIAM HANCOX

(b) Address LOUISIANA MISSOURI

17. (a) BURIAL (b) Date thereof MAR-7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW CEMETERY

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While engaged in _____ (Specify type of place)

(e) Means of injury no

18. (a) Signature of funeral director GARNER & STERNE

(b) Address LOUISIANA MISSOURI

19. (a) Mar 7 / 46 (b) Margaret E. Stephens
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
Address Louisiana, Mo. Date signed 3-6-46

255 (Licensed Embalmer's Statement on Reverse Side)

12995
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-2-2
unsubstantiated personal

RECEIVED

District Health Officer No. 10

District File Number 4-46-869

Date Filed APR 22 1946

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 Harold L. Garner

Licensed Embalmer No. 3720

P. O. Address Louisville 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.