V. S. No. 2
00M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26456

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 286

14 1 2

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

25312

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yr 2 mo 8 d (Specify whether years, months or days)
In this community 12 yr 2 m 8 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 14
(c) City or town Independence 1
(If outside city or town limits, write "RURAL")
(d) Street No. 204 Merrington 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HORACE M. HANCOCK
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 11 (Day) 1894 (Year)

8. AGE: Years 52 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Keytesville (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name Walter W Hancock
13. Birthplace Richmond (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Jennie E Hancock
15. Birthplace Richmond (City, town, or county) Mo (State or foreign country)
16. (a) Informant Hospital records
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Hallaway Funeral Home
(b) Address 7 N 6th St Fulton Mo
19. (a) 8-22-1946 (Date received local registrar) (b) Josie Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1946 hour 12 minute 05 A.M.
21. I hereby certify that I attended the deceased from 8/5, 1946 to 8/21, 1946 that I last saw him alive on 8/20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations none
Of autopsy none

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 11
23. Signature J Caldwell (M. D. or other) MD
Address Fulton Mo Date signed 8/21/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-45
Date Filed 9-4-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.