

FILED OCT 8 1946
Registration District No. 282

Primary Registration District No. 5971

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural, No: Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 North of Bolivar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No 3 Miles No. Bolivar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Thomas Hancock

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Tille Hancock 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Oct. 19 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Williams port, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name Robert Hancock
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hand
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant P.R. Hancock
(b) Address Bolivar, Missouri

17. (a) Burial (b) Date thereof Sept 19, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood, Bolivar, MO

18. (a) Signature of funeral director E. W. ...
(b) Address Bolivar, Mo.
19. (a) Sept 28, 1946 (b) Ralph ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1946 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 3
1946 to Sept 17, 1946
that I last saw him alive on Sept 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

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

Major findings:
Of operations Q3A
Of autopsy

Duration

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 E. W. ... (M. D. or other)
Address Bolivar Mo. Date signed Sept 23, 46

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

RECEIVED

Death Officer No. 7,

Case No. 9-46-1012

Date Filed 10-8-46

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.....

Oby Jester

Licensed Embalmer No.....

4154

P. O. Address.....

Bolivar, 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.