S. No. 2
M—8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32504

State File No.

Registration District No. 366 Primary Registration District No. 6243 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Near Potosi Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington

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

(d) Street No. Near Potosi Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William L. Hancock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 18 (Day) 1853 (Year)

8. AGE: Years 93 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Shadrach B. Hancock
13. Birthplace Christain Co. (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Mary E. Stuart
15. Birthplace Christain Co. (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Ralph Hancock

(b) Address Potosi Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Near Potosi

18. (a) Signature of funeral director Mrs Luther Spark

(b) Address Potosi Mo.

19. (a) Sept 1-46 (Date received local registrar) (b) Mrs G F Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to July 30, 1946, to 19 ; that I last saw him alive on July 15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia following fall and broken ribs

Due to from vertigo of

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following: 110

(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 G F Cresswell (M. D. or other) 8/15/46

Address Potosi Mo. Date signed

337

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4

File Number 946-2633

Date Filed 9-18-46

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 Murphy L. Sparks

Licensed Embalmer No. 4636

P. O. Address Flat River, 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.