DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

Registration District No. 22

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32775

Primary Registration District No. 1000

Registrar's No. 1239

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2222 South 6th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 23 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 2222 South 6th 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Larkin Hanckett
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased November 30, 1882 (Month) (Day) (Year)
8. AGE: Years 63 Months 10 Days 28 If less than one day hr. min.
9. Birthplace Concordia (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Ebeneezer H. Hanckett
13. Birthplace Wisc. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rhoda E. Rickard
15. Birthplace Iowa / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Frieda Watkins
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.
19. (a) Nov. 7, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 22, 1946, to October 28, 1946, that I last saw him alive on October 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	6 Days +
Due to: Arterio-sclerotic Heart Disease	6 Days +
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: PBD	
Of autopsy:	

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 0

23. Signature H. C. Senne (M.D. or other)
Address 207 P.S. Bld. St. Joseph, Mo. Date signed 10-28-46

3K

(Licensed Embalmer's Statement on Reverse Side)

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 Robert R Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.