

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE VITAL RECORDS  
**FILED NOV 25 1946**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36830**

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Howell

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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

**3. (a) PRINT FULL NAME** Birdie R. Hancock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife G. W. Hancock 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 20 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>-</u>	<u>11</u>	_____hr. _____min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Unknown 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant G. W. Hancock  
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof 10/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Cem.

18. (a) Signature of funeral director Blair Carter  
(b) Address Thayer, Mo.

19. (a) Nov 14-46 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Howell 4/3

(c) City or town West Plains (Rural) 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 6

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11  
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 15 1946 to Oct 1 1946  
that I last saw u alive on Oct 1 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertensive Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 93D

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature C. W. Cooper (M. D. or other) MD  
Address Thayer, Mo. Date signed 10-28-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

379 (Licensed Embalmer's Statement on Reverse Side) Cooper

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
35650

RECEIVED

District Health Officer No. 5,

District File Number. 1146635

Date Filed 11-21-46

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**