

S. No. 2
1-12-45
5-17-39
K47070

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

FILED MAY 5 1947

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1320 N. Summit,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Years. (Specify whether years, months or days)

In this community 35 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1320 N. Summit Ave 6
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Richard Hancock.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 15, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 11 6 hr. min.

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

10. Usual occupation Iron Moulder

11. Industry or business Iron Moulding

12. Name George Hancock Ga.

13. Birthplace unknown Ga.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Berryhill

15. Birthplace unknown Nebraska.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Quenn,

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 4-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 4-23-47 (b) W. S. Handley 420
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1947 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1 April, 1947 to 21 April, 1947
that I last saw him alive on 19 April, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Myocardial degeneration

Due to Arteriosclerosis, debility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. W. Klingner (M. D. or other)
Address 450 1/2 E. Commercial Date signed 21 April 1947

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 *Ogle Slone Jr*.....

Licensed Embalmer No. *4176*.....

P. O. Address *Springfield*.....

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.