

FILED JUN 2 1947

State File No. \_\_\_\_\_

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 47

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sirraf Addition /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 55 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Ray 89  
 (c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Sirraf Addition /  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No) 1  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** AGNES D. HANCOCK  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 9th  
 year 1947 hour 7:45 minute P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John Hancock  
 6. (c) Age of husband or wife if alive Deceased years  
 7. Birth date of deceased June 9 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2, 1947 to May 9, 1947  
 that I last saw her alive on May 9, 1947  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage Duration 8 hrs  
 Due to Arterial Sclerosis 6 years

9. Birthplace Unknown Scotland  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

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

11. Industry or business \_\_\_\_\_  
 12. Name John Blair  
 13. Birthplace Unknown Scotland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ireland  
 15. Birthplace Unknown Scotland 4  
(City, town, or county) (State or foreign country)

Major findings: Of operations g3A  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Amos Pointer  
 (b) Address Richmond, Missouri  
 17. (a) Burial (b) Date thereof May 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Richmond, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
 (b) Address Richmond, Missouri  
 19. (a) May 12 - 1947 (b) Mabel Jackson  
(Date received local registrar) (Registrar's signature) 772

\*While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury AS. DO 2  
 23. Signature D. E. J. Perani (M. D. or other)  
 Address Richmond, Mo Date signed May 10, 1947

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

