

No. 2
-12-45
-17-39
X47070

FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20078
2441
Registrar's No.

Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1326 East 11 st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson #8

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
0

(d) Street No. 1326 East 11 st
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Hancock

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased July 1904
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

12. Name John Hancock

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

14. Maiden name unknown

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

16. (a) Informant Dock Mansion
(b) Address 1326 East 11 st

17. (a) Burial (b) Date thereof 6-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 14 st

19. (a) 6-4-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 1947 hour 3:30 minute AM

21. I hereby certify that I attended the deceased from Deputy - Coroner 19... to 19...
that I last saw him alive on 6-27-47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Hypertensive heart disease

Due to Hypertensive heart disease

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: 938

Of operations

Of autopsy no - Permit

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(c) 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) Deputy - Coroner
(e) Means of injury 3

23. Signature H Williams (M. D. or other)
Address 2636 Broadway Date signed 6-3-47

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

MOTHER FATHER

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

HB Moor

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18 st*

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.