No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 378
Registrar's No. 22

Registration District No. 43
Primary Registration District No. 5143

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #2 Poplar Bluff Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")
(d) Street No. Rt 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adda Hancock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Hancock
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 22 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	12	hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Martin Lloyd
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Martin
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Flora Bedoll
(b) Address Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Mo.
19. (a) 1-21-48 (Date received local registrar) (b) R. Minette (Registrar's signature) 33

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1948 hour 10 minute 10 A M.
21. I hereby certify that I attended the deceased from Jan 15, 1947, to 14 Jan, 1948 that I last saw her alive on 7th Jan, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension, Cholecystitis	
Major findings: Of operations: Endurated mass of liver & Gall bladder	
Of autopsy	

46F

PHYSICIAN
Underline the cause of 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
23. Signature Cyril A. Post (M. D. or other) M.D.
Address Poplar Bluff, Mo. Date signed 19 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-14
Date Filed 1-26-48

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 Philip J. Cassedy, Registered Apprentice No. 108, working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.