

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4630**

Registration District No. **137**

Primary Registration District No. **2023**

Registrar's No. **44**

1. PLACE OF DEATH: Henry

(a) County Clinton
(b) City or town Blairtown, Mo.
(c) Name of hospital or institution Wetzel Hospital
(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 Willie Clarence Hancock

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color, or race white

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

6. (b) Name of husband or wife Anna Floss

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

7. Birth date of deceased Nov. 2 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace La Tour, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

12. Name W. W. Hancock

13. Birthplace Mulenburg Co. Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Follin

15. Birthplace Logan Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mutt Rector

(b) Address Blairtown, Missouri

17. (a) Burial (b) Date thereof 2/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematorium

18. (a) Signature of funeral director J. W. Cook

(b) Address Chilhowe, Missouri

19. (a) 2-27-48 (b) H. R. Kessner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Blairtown, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1948 hour 7 minute 45 A.

21. I hereby certify that I attended the deceased from Feb 17 1948 to Feb 26 1948
that I last saw him alive on Feb 26 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus Duration 2 min

Due to Cong Wleers 3 hrs

Due to _____

Other conditions guth
(Include pregnancy within 5 months of death)

Major findings: guth

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? 2

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Powell (M. D. or other) MD

Address Blairtown, Mo Date signed 2-26-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-48-159

Date Filed 3-1-78

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. 4335

P. O. Address Chilhowee, 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.