

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4918**
393

BIRTH NO. 49-007609 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3, "Rural"</u>		3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1110 Crisp</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>alice</u> c. (Last) <u>Hancock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1949</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Jan. 24, 1949</u>		9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
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13a. FATHER'S NAME <u>Ralph M. Hancock</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>infant</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. M. Hancock, 1110 Crisp, K. C. Mo. (3)</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis</u>			DUE TO (b) <u>Rh-factor</u>					
ANTECEDENT CAUSES			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>770'</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? - YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kan. Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-24, 1949, to 1-27, 1949, that I last saw the deceased alive on 1-27, 1949, and that death occurred at 5:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. C. Remley</u>		(Degree or title)		23b. ADDRESS <u>832 Argyle Bldg</u>		23c. DATE SIGNED <u>1-27-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-27-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rob. Larson</u>		ADDRESS <u>Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
48
3
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George B. Casson

Licensed Embalmer No. 2249

P. O. Address Independence

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.