

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4863

State File No. 522

| | | | | | | | |
|---|--|--|------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>JACKSON</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>32 YEARS</u> | | a. STATE <u>MISSOURI</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3513 EAST 28TH STREET</u> | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | f. STREET ADDRESS (If rural, give location) <u>3513 EAST 28TH STREET</u> | | b. COUNTY <u>JACKSON</u> | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>MARTHA ANN</u> | | b. (Middle) <u>HANCOCK</u> | | c. (Last) <u>HANCOCK</u> | | 6. DATE (Month) (Day) (Year) <u>FEB - 2 - 1950</u> | |
| (Type or Print) | | | | | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>FEB - 15 - 1895</u> | |
| 9. AGE (In years last birthday) <u>54 YRS</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 11. BIRTHPLACE (State or foreign country) <u>MARION, IOWA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>FERDINAND RIEMAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE SHINN</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM W. HANCOCK</u> | | | |
| 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>MRS. KITTIE THOMPSON</u> | | ADDRESS <u>3513 EAST 28TH ST. KANSAS CITY, MO.</u> | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c). | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | DUE TO (b) <u>Pulmonary Congestion</u> | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | DUE TO (c) <u>Cardio-Vascular-Renal Disease</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| | | | | <u>44"</u> | | | |
| 20. AUTOPSY? | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>July</u> , 1948, to <u>Feb 2</u> , 1950, that I last saw the deceased alive on <u>Feb 1</u> , 1950, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John M. Powers</u> | | | | 23b. ADDRESS <u>3304 Linwood</u> | | 23c. DATE SIGNED <u>2/3/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>FEB 4 - 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>2-4-50</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Thompson</u> | | ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Deane L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Kemo.

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.