

No. 2  
A-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42418

State File No. \_\_\_\_\_

FILED JAN 10 1944  
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Henry Clinton

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
901 N 2nd  
(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 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry <sup>42</sup>

(c) City or town Clinton <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 901 N 2nd  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Hancock

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 11 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 2 8 hr. min.

9. Birthplace Clinton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name John B Hancock

13. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Med Sam Blair

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Phil Wilkinson

(b) Address Clinton Mo

19. (a) Dec 21 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature) 98

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 19 day  
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw him alive on arrival and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Dead on arrival but had not been well previously  
 Died from Cerebral Hemorrhage.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8301

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. P. Hallinguard (M. D. or other) Carter

Address Clinton Mo Date signed 12/24/43

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

RECEIVED

District Health Officer No. 7,

District File Number

12-43-1446

Date Filed

1-6-44

*Handwritten notes:*  
...  
...  
...

**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

*Fred W. Keeney*

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.