S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20681

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2298

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 2507 East 24th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits write "RURAL")

(d) Street No.: 2507 East 24th Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Hugh Hancock 522

3. (b) If veteran, name war: None

3. (c) Social Security No.: 492-14-8444

4. Sex: Male

5. Color or race: Col.

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

6. (b) Name of husband or wife: Lillie Hancock

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: November 19, 1896 (Month) (Day) (Year)

8. AGE: Years 43 | Months 6 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Porter

11. Industry or business: /

FATHER
12. Name: Payton Hancock
13. Birthplace: (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Anna Robinson
15. Birthplace: (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Mrs. Lillie Hancock
(b) Address: 2507 East 24th Terrace

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/4/40. (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem.

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia

19. (a) June 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1940 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from May, 1936, to May, 1940; that I last saw him alive on May 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to: Hypertensive Heart Disease	
Due to: 9502	
Other conditions: Cardiac Decompensation (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: 6434 [illegible] Date signed: 5/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Murdock

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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, above space should be left blank.