

FILED, AUG 11 1944

Registration District No. 339

Primary Registration District No. 6149

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution Luck Creek Twp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Stoddard 103

(c) City or town Puxico Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R. 2. 0  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John R. 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 Married

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

7. Birth date of deceased February 15 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	4	8	.....hr. ....min.

9. Birthplace Troy Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business Farming

12. Name Isaac V. Hancock,

13. Birthplace Troy Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Neel,

15. Birthplace Troy Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hancock

(b) Address Puxico Missouri,

17. (a) Burial (b) Date thereof 7 9 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of general director Watkins Lerea

(b) Address Puxico Mo.

19. (a) 7-10-1944 (b) J. W. Stammer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1944 minute 0 M.

21. I hereby certify that I attended the deceased from 5-6 pm to July 8 1944  
that I last saw him alive on July 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis and general Paralysis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Duration

PHYSICIAN

Major findings: Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) .....

23. Signature E. P. Elmer (M. D. or other) MDA.

Address Puxico Mo. Date signed 7-9-44

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

0030

RECEIVED

District Health Office No. 2,

District File Number 244-1090

Date Filed 8-9-44

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 Rayman Steele

Licensed Embalmer No. 2476

P. O. Address Wester 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.