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22968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2793

Registration District No. 149 Primary Registration District No. 1002

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

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:
500 East 3rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 47 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2222 1/2 East 15th Street 8
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No) 1
 If yes, name country _____

3. (a) PRINT FULL NAME Alfred J. HANCOCK
 3. (b) If veteran, name war None
 3. (c) Social Security No. 496-07-6156

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 30
 year 1944 hour 9 minute 30 P. M.
 21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Dorothy Smeltzer 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased July 31st, 1897
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
 Due to _____
 Due to _____ 94a

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>27</u>	hr. _____ min. _____

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings: no operation
 Of operations _____
 Of autopsy none

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Factory Foreman

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 _____

MOTHER FATHER
 11. Industry or business Egg Products Company.
 12. Name Frank Hancock
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Smeltzer
 (b) Address 528 Bales Ave., Kansas City, Mo.
 17. (a) Burial (b) Date thereof 7/3/45.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn.

23. Signature J.H. O'Brien (M. D. or _____)
 Address Kansas City no Date signed 7/11/45

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address 1800 Linwood, K. C. Mo.
 19. (a) 7-3-45 (Date received local registrar)
Seraldine Holmes (Registrar's signature)

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address Kansas City 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.