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9441  
 1482

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

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

FILED APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1482

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: 3918 Charlotte,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one year  
(Specify whether years, months or days)  
 In this community 40 years

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. 6148 Kenwood, 8  
(If rural, give location)  
 (e) Citizen of foreign country? no. 0  
(Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Miss Anna Hancock  
 (b) If veteran, name war no.  
 (c) Social Security No. NO.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 26,  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife X  
 6. (c) Age of husband or wife if alive X years 1871  
 7. Birth date of deceased August  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1945  
 \_\_\_\_\_, 19\_\_\_\_, to March 26, 1946;  
 that I last saw her alive on March 26, 1946;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Pulmonary  
 Duration 3 days

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Due to Acute arteriosclerosis  
 Due to myocardial infarction  
 Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

11. Industry or business X  
 12. Name John W. Hancock  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Eliza Hancock  
 15. Birthplace unknown,  
(City, town, or county) (State or foreign country)

Major findings: 108  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. V. Morrow  
 (b) Address 6148 Kenwood, Kansas City, Mo.  
 17. (a) burial (b) Date thereof 3-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Blue Springs, Mo.

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 \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 3-28-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature J. E. M. Roberts (M. D. or other) 2nd  
 Address 11039 road, K.C., Mo. Date signed 3-27-46

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

0367

*Handed Over Bill*  
Dr. Roberts  
*C. W. R.*

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**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.....

Licensed Embalmer No. *1415*

P. O. Address..... *17 @ 170*

**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.**