V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8955

State File No. 5601

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3-0-32 Registrar's No. 35

R#3
51

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

1. PLACE OF DEATH
a. COUNTY: Johnson County, Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg, R.Wgb.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, R.R.#3, Wgb.Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri, b. COUNTY: Johnson, Mo. 51
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R.#3, Warrensburg, Mo.
d. STREET ADDRESS (If rural, give location): R.R. No. 3.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): George Muron Bancroft,

4. DATE OF DEATH (Month) (Day) (Year): March 3rd, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22, 1864
9. AGE (In years last birthday): 84-4-11 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Thrasher,
11. BIRTHPLACE (State or foreign country): Kirkwood, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Bancroft,
13b. MOTHER'S MAIDEN NAME: Hettie Davis,
14. NAME OF HUSBAND OR WIFE: Mary Lovenia Bancroft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Clarence Bancroft, R.R.3, Wgb. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteosclerosis — 1-2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* 3-3, 1949, *that I last saw the deceased alive on* 3-2, 1949, *and that death occurred at* 10:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee Cooper MD
23b. ADDRESS: Warrensburg, Mo.
23c. DATE SIGNED: 3-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hill,
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri.

DATE REC'D BY LOCAL REG.: Mar. 5, 1949
REGISTRAR'S SIGNATURE: Savannah Creitz [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R. A. Branninger, Warrensburg, Mo.

(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 me

..... Student Embalmer No. .....

working under my personal supervision.

Signed R. A. Brauninger

Signed .....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.