

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6423

399

1. PLACE OF DEATH

County Jackson

Registration District No. 1002

File No. 502

Township Kaw

Primary Registration District No. 1002

Registered No. 502

City Kansas City (No. 1002)

Trinity Park Hospital

Ward

2. FULL NAME

(a) Residence. No. 1601 North 29th St.

Ward

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mrs Kathryn Maurine Handley

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Febr 27 - 95

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
33	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wade Inspector J. P. Andersen & Co
 (b) General nature of industry, business, or establishment in which employed (or employer) Chicago Ill.
 (c) Name of employer about 5 yrs.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Swanton Nebr.

10. NAME OF FATHER

Oral Scott Handley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Near Bethony Mo.

12. MAIDEN NAME OF MOTHER

Elizabeth Henry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Canada.

14.

INFORMANT Mrs. Kathryn Handley
 (Address) 1601 No. 29th K.C.Mo.

15.

FILED 25 29 M M Lms
 19 29 REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

Deputy Coroner Monday
16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 4, 1929

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

CONTRIBUTORY (SECONDARY)

Appendectomy
Ruptured appendix

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH

DATE OF Jun 26 - 29

20. WAS THERE AN AUTOPSY

yes

WHAT TEST CONFIRMED DIAGNOSIS

autopsy

(Signed)

Stanley Wallace, M. D.

of 4, 1929 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH or its death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Memorial Park A.C.K. Feb 7 19 29

20. UNDERTAKER

ADDRESS

Coylar Funeral Home A. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

85
2
1
5

NOV 6 1942