

REC'D MAR 17 1938

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

6960
Do not use this space.

PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Independence Mo. Primary Registration District No. 3019 Registered No. 42
 (c) City Independence Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Rebecca Handley 534
 (a) Residence, No. 1401 W. Alton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 16 - 1857
 7. AGE YEARS 80 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jayette, Mo.
 13. NAME Joseph Handley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensboro, Va.
 15. MAIDEN NAME Emil Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensboro, Va.

17. INFORMANT (ADDRESS) Mrs. Margaret Sittlington 709 W. Van Horn Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Feb 7 1938

19. FUNERAL DIRECTOR (ADDRESS) At + Mitchell 310 N. Main Indep. Mo.

20. FILED 2-10-1938 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 - 1938
 I HEREBY CERTIFY That I attended deceased from Dec 14 1938 to Feb 5 1938
 I last saw her alive on Feb 4 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Cardiovascular disease
 Date of onset _____
95 B 2
 Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) F. L. Cook, M. D.
 (Address) Independence

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

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)